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CASE REPORT OF BILATERAL EPIDURAL

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ABSTRACT

Background: *epidural hemorrhage is a surgical emergency that in most cases can be a source of arterial and occurs mostly in the temporal region.* ***Methods:*** *This study is a report on the work of bilateral epidural hemorrhage patient records and clinical history of the patient was sick with preclinical findings.* ***Results:*** *A19-year-old male patient trauma caused by the accident with loss of consciousness and was taken by ambulance to the emergency department Tarmac. The level of consciousness of the patient in the emergency department 9/15 respectively. The patient was intubated and under sedation brain CT scan and a diagnosis of bilateral epidural hemorrhage was left for them. The patient was taken to the operating room under sedation after surgery and was transferred to the intensive care unit. Estuation stopped sedation and after, the pupils were active and conscious patients admitted with respiratory distress was the fifth day of the re-intubation and after complete resolution of respiratory distress, the patient is transferred to the ward and was discharged on day 11 with full health.* ***Discussion and conclusion:*** *Epidural bleeding a decline in the level of consciousness and life-threatening and when this threat is greater bilaterally to be patient and medical emergency be assessed as soon as possible.*

KEY WORDS
bleeding, bilateral epidural, decreased level of consciousness , traditional medicine, Mus musculus, Toxoplasmosis.

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INTRODUCTION

Sequentially developed bilateral epidural hematoma have been rare and sporadic, therefore the incidence rate cannot be calculated based on the available literature (1, 2, 3). Epidural hemorrhage is arterial origin often, often in the form lenses and an injury occurs, and when trauma is more common in young people (4, 5). The most common symptoms of epidural bleeding, including loss of consciousness, drowsiness, seizures, symptoms of neurological impairment such as impaired vision, headache, nausea and vomiting (6,7). Sometimes, in patients with epidural hemorrhage, improve alertness temporarily after a period of loss of consciousness can be seen it will be remembered as the distance light again after the interval level of consciousness drops (8, 9, 10).

CASE

19-year-old male patient in the trauma caused by the accident with loss of consciousness on 19/09/93 at 22:50 minutes by ambulance for medical emergency trauma hospital emergency department immediately moved Shahid Beheshti Yasouj. On initial examination, the patient pressure 110/80, patient's pulse116, breathing 28 and level of consciousness were 15/9, pupils mydriasis, tachycardia and tachypnea was sick. Abdominal solography revealed normal internal organs and fluid in the pelvic cavity was seen. The patient was intubated under sedation and then ensure hemodynamic stability, a CT scan of the brain was performed and the diagnosis of bilateral epidural bleeding and fractures, depression was laid for them [Fig. 1].

The patient was transferred to the surgery room at 23:30 hours after craniotomy, 100 cc of blood discharge and after surgery, patient under sedation in the ICU and the ventilator.
After 24 hours, the patients in the intensive care unit, the patient was interrupted sedation and after having estuation conditions, the patient was intubated separated from the ventilator that time, pupils were active and alert of the patient slowly and on the third day the patient's level of consciousness 15/15 receipts. But on the fifth day of hospitalization the patient under sedation, respiratory distress that re-intubation and the ventilator was and after complete resolution of respiratory distress symptoms and the patient's breathing returned to normal, Nero surgery transferred the patient to the hospital after full recovery on day 11, the patient was discharged with his feet.

The patient was alert and active pupils slowly on the third day, the patient's level of consciousness 15/15 receipts. But on the fifth day of hospitalization the patient was under sedation, respiratory distress following the re-intubation and mechanical ventilation was after complete resolution of respiratory distress symptoms and the patient's breathing returned to normal, the patient is transferred to the Neurosurgery and on day 11 of hospitalization after full recovery, the patient was discharged with his feet.

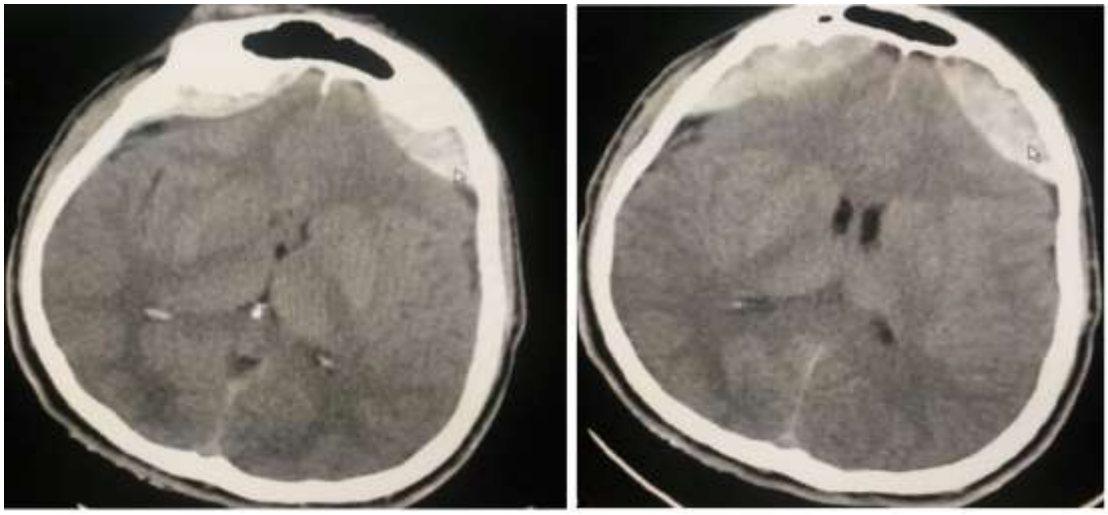

Fig. 1: CT scan of brain showing bilateral epidural bleeding and fractures

CONCLUSION

Although bilateral epidural hematomas are rare, but we must be considered in the management of this patients. Also epidural bleeding common in young adults and is associated with loss of consciousness but when that happens bilaterally could worsen the situation back level of consciousness and later and more serious problems with it.The most important thing evaluated in this patient early diagnosis and subsequent treatment by surgery above all in cases necessitating emergency measures too quickly do the right thing and emergency fortunately, thereby saving the lives of patients..

CONFLICT OF INTEREST
There is no conflict of interest.

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Of all those who in any way participated in collecting and compiling this article is appreciated. All ethical codes, including permission to use the data file, privacy and confidentiality of patient information confidentiality and integrity of the records and used only for research paper was observed.

FINANCIAL DISCLOSURE
None

REFERENCES

[1] Sousa EB, Brandão LF, Tavares CB, Borges IB, Neto NG.[2013] Kessler IM. Epidemiological characteristics of 778 patients who underwent surgical drainage of chronic subdural hematomas in Brasilia, Brazil. BMC Surg. 13: 5. doi: 10.1186/1471-2482-13-5.

[2] Miki S, Fujita K, Katayama W, Sato M, et al.[2012] Encapsulated acute subdural hematoma mimicking acute epidural hematoma on computed tomography. Neurol Med Chir (Tokyo). 52(11): 82682-8.

[3] Prieto R, Pascual JM, Subhi-Issa I, Yus M.[2010] Acute epidural-like appearance of an encapsulated solid non- organized chronic subdural hematoma. Neurol Med Chir (Tokyo). 50(11): 990-994

[4] Su I-C, Wang K-C, Huang S-H, Li C-H, Kuo L-T, Lee J-E, et al. [2010] Differential CT features of acute lentiform subdural hematoma and epidural hematoma. Clin Neurol Neurosurg. 112(7): 552-556.

[5] Gelabert-Gonzalez M, Frieiro-Dantas C, Serramito-Garcia R, et al.[2013] Chronic subdural hematoma in young patients. Neurocirugia (Astur). 24(2): 63-69.

[6] Tallon JM, Ackroyd-Stolarz S, Karim SA, Clarke DB.[2008] The epidemiology of surgically treated acute subdural and epidural hematomas in patients with head injuries: a population-based study. Can J Surg. 51(5): 339-345.

[7] Bratton SL, Chestnut RM, Ghajar J, et al.[2007] Guidelines for the management of severe traumatic brain injury. IX. Cerebral perfusion thresholds. J Neurotrauma 24 Suppl 1: S59-64.

[8] Shookouhi Gh. [2008] Prognostic value of brain shift in epidural haematoma. Res J Biol Sci. Sep; 3(2): 233-235.

[9] Taussky P, Widmer HR, Takala J, Fandino J. [2008]Outcome after acute traumatic subdural and epidural haematoma in Switzerland: a single-center experience. Swiss Med Wkly. 138(19):281-285.

[10] Jacobsson LJ, Westerberg M, Lexell J.[2007] Demographics, injury characteristics and outcome of traumatic brain injuries in northern Sweden. Acta Neurol Scand. 116(5): 300-306.