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جامعة عين شمس

التوثيق الالكتروني والميكروفيلم



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تحفظ هذه الأفلام بعيداً عن الغبار

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EVALUATION OF BENEFICIAL EFFECTS OF STEROIDS AFTER HEAD INJURY

Thesis

Submitted for Fulfillment for the Master Degree in

Critical Care Medicine

Ву

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بسم الله الرحمن الرحيم

"وقل ربِ زدني علماً"

صدق الله العظيم (الآية 114 سورة طه)



Abstract

Background: Road traffic crashes account for most serious head injuries, and the global burden of head injury can be expected to rise with the increasing use of vehicles in Asia and Africa1. The overall incidence of adrenal insufficiency in critically ill patients approximates 30%, with an incidence as high as 50 to 60% in patients with septic shock². Aim of work: To re-evaluate the beneficial effects of I.V. steroids (dexamethasone), for 48 hours in the critically ill head trauma patients; to assess the prevalence of adrenal insufficiency in the critically ill head trauma patients, its relation to the severity of the lesion and cutcome. Patients and Methods: Prospective randomized controlled study, included 19 cases (patients who received I.V. steroids 8 mg dexamethasone within 8 hours of injury, every 8 hours for 48 hours and 22 controls (patients who did not receive steroids). Results: 10.53% of cases died compared to 18.18% of controls, the difference was not statistically significant, impaired circadian rhythm defined as p.m./a.m. cortisol >0.5 was found in 84% of mild head trauma, 80% moderate head trauma and 66.67% of severe head trauma, a.m. and p.m. cortisol levels were higher in moderate than mild TBI and the difference was statistically significant p-values 0.006 and 0.023 respectively. Conclusion: Altered circadian rhythm and adrenal insufficiency is common among critically ill head trauma patients, steroids resulted in decreased mortality among patients who received steroids and among patients with adrenal insufficiency who received steroids, however, the difference was not statistically significant.

Keywords:

Head trauma – adrenal insufficiency – corticosteroids – circadian rhythm – mortality and morbidity

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