

MANAGEMENT OF GUNSHOT HEAD INJURIES

Essay

Submitted for Fulfillment of Master Degree in **General surgery**

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بسرائسال حن الى حير في الله ين آمنوا منكر والنين أوتوا العلم حرجات كم من الله ين أمنوا منكم والنابين أوتوا العلم حرجات كم

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DEDICATED

TO MY PARENTS FOR THEIR ENCOURAGEMENT,

TO MY DEAR BROTHERS AND SISTER,

TO MY WIFE FOR HER SUPPORT,
AND TO MY LOVELY DAUGHTER
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LIST OF ABBREVATIONS

ABCDE Airway, Breathing, Circulation, Disability And

Exposure.

ACP Automatic Colt Pistol.

AP Antero-posterior.

BP Blood Pressure.

CBF Cerebral Blood Flow.

CNS Central Nervous System.

CPP Cerebral Perfusion Pressure.

CSF Cerebrospinal Fluid.
CT Computed Tomography.
DAI Diffuse Axonal Injury.

dL DeciLiterE Eye Opening

ED Emergency Department

e.g. For example.

EAC External Auditory Canal.

g Gram(s). Figure

FMJ Full Metal Jacketed
GCS Glasgow Coma Scale.
GOS Glasgow Outcome Scale.

GSW(s) Gunshot wound(s).

GSWH Gunshot wound to the head

hrs Hours i.e. that is.

ICH Intra Cranial Heamorrhage.
IC-HTN Intracranial Hypertension.
ICP Intracranial Pressure.
ICS Inter Costal Space

ICS Inter Costal Space.
ICU Intensive Care Unit.

IV Intra Venous.KE Kinetic Energy.Kg Kilogram(s).

L Liter.

LOC Loss of Consciousness.

M Motor Response.

m Mass

M₁ Motor Area Number 1
 M₂ Motor Area Number 2
 MAP Mean Arterial Pressure.

MAX Maximum.

MCL Mid Clavicular Line.

Mg Milligram
μg Microgram
min Minute
mL Milliliter(s).
mm Millimeter(s).

mmHg Millimeter Mercury.

mOsm Milliosmole.

MRI Magnetic Resonance Imaging.

OR Operating Room.

P CO₂ Partial Pressure of Carbon dioxide.

ped Pediatrics.

PBI Penetrating Brain Injury (-ies).
PEEP Positive End Expiratory Pressure.
PGCS Pediatric Glasgow Coma Scale.
PNS Peripheral Nervous System.
PTA Post traumatic Amnesia.
PTE Post traumatic epilepsy.

RBCs Red Blood Cells.

SAH Subarachnoid Hemorrhage. SAP Systemic Arterial Pressure.

T Tube

TBI Traumatic Brain Injury (-ies).
TICA Traumatic Intracranial Aneurysms.

US United StatesV Verbal Response

Vs Versus.

VTE Venous Thrombo Embolism.

V Velocity.

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ABSTRACT

Gunshot wounds to the head account for the majority of penetrating brain injuries, and are the most lethal, it is rare but increasing in incidence in the developing world, and Traditional shooting with guns often occurs and leads to unwanted gunshot injuries in areas where celebrations are held.

A penetrating wound results when the bullet's energy is depleted on penetrating the skull but still has sufficient amount of kinetic energy to enable partial penetration of the bullet through the brain substance. Bullets are more likely to penetrate the skull when they strike more perpendicular than tangentially which result in primary injuries and complications such as localized brain contusions, lacerations, hematomas, pseudo aneurysms or arteriovenous fistulae depending on the trajectory of the bullet.

KEYWORDS:

Gunshot Brain injuries Bullet

INTRODUCTION

Gunshot wounds to the head account for the majority of penetrating brain injuries, and are the most lethal. It is rare but increasing in incidence in the developing world, and Traditional shooting with guns often occurs and leads to unwanted gunshot injuries in areas where celebrations are held (**Muhammad et al., 2014**).

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Civilian gunshot wounds to the head (GSWH) are often deadly, but some patients with open cranial wounds need medical and surgical management and are potentially good candidates for acceptable functional recovery (Bizhan et al., 2014).

Optimum management of penetrating brain injuries (PBI) requires adequate comprehension of mechanism and pathophysiology of injury. Based on current evidence, we recommend computed tomography scanning neuroradiologic modality of choice for penetrating brain angiography injury (PBI) patients. Cerebral is recommended in patients with penetrating brain injuries (PBI), where there is a high suspicion of vascular injury. It is still debatable whether craniectomy or craniotomy is the best approach in penetrating brain injury (PBI) patients. The recent trend is toward a less aggressive debridement of deep-seated bone and missile fragments and a more aggressive antibiotic prophylaxis in an effort to improve outcomes. Cerebrospinal fluid (CSF) leaks are common in PBI patients and surgical correction is recommended for those which do not close spontaneously or are refractory to CSF diversion through a ventricular or lumbar drain. The risk of post-traumatic epilepsy after PBI high, and therefore, the of prophylactic is use anticonvulsants is recommended (Sved et al., 2014).

AIM OF THE WORK

The aim of this essay is to through some light on the recent modalities in management of gunshot head injuries.

ANATOMICAL CONSIDERATIONS

Overview

Nothing in the world can compare with the human brain. This mysterious three pound organ controls all necessary functions of the body, receives and interprets information from the outside world, and embodies the essence of the mind and soul. Intelligence, creativity, emotion, and memories are a few of the many things governed by the brain. The brain receives information through our five senses: sight, smell, touch, taste, and hearing. It assembles the messages in a way that has meaning for us, and can store that information in our memory. The brain controls our thoughts, memory and speech, movement of the arms and legs, and the function of many organs within our body. It also determines how we respond to stressful situations (such as taking a test, losing a job, or suffering an illness) by regulating our heart and breathing rate (**Bryn**, **2011**).