بسم الله الرحمن الرحيم

HOSSAM MAGHRABY

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التوثيق الالكتروني والميكروفيلم

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التوثيق الإلكتروني والميكروفيلم

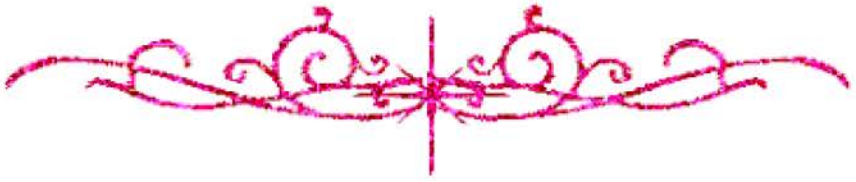
قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها

علي هذه الأقراص المدمجة قد أعدت دون أية تغيرات

يجب أن

تحفظ هذه الأقراص المدمجة بعيدا عن الغبار



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بالرسالة صفحات

لم ترد بالأصل

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MANAGEMENT OF TRAUMATIC BRAIN CONTUSIONS

Essay

Submitted for Partial Fulfillment of
Master Degree in General Surgery

By

REDA SHEHTA ABDEL-BAKY
M.B., B.Ch.

Supervisors

PROF. DR.
MOHAMMAD MOSTAFA ALI
Professor of General Surgery
Benha Faculty of Medicine
Zagazig University

PROF. DR.
AHMED SHAWKY EZZAT
Professor of General Surgery
Benha Faculty of Medicine
Zagazig University

PROF. DR
FATHY HUSSEIN EL-NOSS
Assistant Professor of Neurosurgery
Head of Neurosurgery Department
Benha Faculty of Medicine
Zagazig University

PROF. DR.
HAMDY AHMAD ERAKI
Assistant Professor of General Surgery
Benha Faculty of Medicine
Zagazig University

Benha Faculty of Medicine
Zagazig University

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﴿قال رب اشرح لى صدرى، ويسر لـى
أمـرى، واحلل عقدة من
لسانى، يفقهوا قولى﴾

صدق الله العظيم

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Reda Arab

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INTRODUCTION

Head injury is a modern sourge of industrialized society. It is a major cause of death, especially in young adults and a major cause of disability. Brain injuries occur at all ages, but the peak is in young adults between the age of 15 and 24 years *(Mayer and Rowland; 2000)*.

Brain contusions are the classic and primary hallmark of brain trauma. However, they may be totally absent in patients who have sustained severe and even lethal closed Head injury *(Adams; 1992)*.

Cerebral contusion is a pathologic term that implies loss of integrity of the cerebral tissues, usually without interruption of the physical continuity of the cerebral cortex or pia. Contusions are usually found where the dura is not perforated or lacerated. Minor hemorrhages that accompany contusions result from torn or ruptured arterioles, capillaries or veins *(Zee, et al; 1996)*.

The symptoms and signs of brain contusion in head injured patients will vary according to the site and size of the area of contusion and type of associated lesions, small contusions pose no threat to the patients' life, and may have no symptoms, while larger contusions involving both the frontal and the temporal lobes can cause elevations of intracranial pressure, shift of the midline and concomitant coma *(Samudrala and Cooper; 1996)*.

Cerebral contusions are most common in the frontal and temporal regions but can occur anywhere. They may also occur in the side of the

brain opposite to the direct blow owing to the so called contrecoup mechanism *(Tsay, et al; 1978)*.

Medical therapy may be attempted initially, however if the intra cranial pressure (ICP) becomes difficult to control or the neurological status deteriorates, prompt operative evacuation is recommended, large contusions should be resected shortly after injury to minimize the chance of subsequent neurological deterioration *(Samudrala and Cooper; 1996)*.

Aim of The Work