Traumatic Subdural Hematoma, Craniectomy vs. Craniotomy

Dr. Greg Vigna, discusses article in the New England Journal of Medicine on April 23, 2023, Decompressive Craniectomy vs Craniotomy for Acute Subdural Hematoma.


Dr. Greg Vigna

SANTA BARBARA, CA, UNITED STATES, May 6, 2023 /EINPresswire.com/ -- “More complications in the craniectomy group, more additional cranial surgeries within 2 weeks in the craniotomy group. Functional outcomes between craniectomy versus craniotomy groups the same. Standard of care should not change related to the management of traumatic subdural hematomas,” states Greg Vigna, MD, JD, national neurological injury attorney.

Dr. Greg Vigna, national neurological injury attorney, discusses the recent article in the New England Journal of Medicine on April 23, 2023, Decompressive Craniectomy versus Craniotomy for Acute Subdural Hematoma. The study is designed to assist neurosurgeons on the surgical management of subdural hematomas when post-surgical edema is anticipated to be a problem.

A total of 228 patients were assigned to the craniotomy group and 222 to the decompressive craniectomy group. Patients were included in the study that suffered a traumatic subdural hematoma who did not have brain edema at the time of surgery that would have prevented replacement of the skull after evacuation of the hematoma.

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> *Greg Vigna, MD, JD*

Dr. Vigna explains, “Standard of care for the surgical management of a subdural hematoma includes either evacuation of the blood clot by way of craniotomy followed by replacement of the bone flap to close that skull or evacuation of the blood clot with temporary removal of a

large piece of the skull to prevent secondary brain injury caused from anticipated brain edema. The explanted skull is then medically preserved and then re-implanted in a subsequent surgery after brain edema has resolved. This was an important study as it attempts to assist doctors with the decision to remove the skull "preemptively" in a situation where secondary edema is anticipated that would be difficult to manage."

Dr. Vigna comments on the findings of the study, stating, "The study found that additional cranial surgeries were more frequent in the craniotomy group but there were more wound complications in the craniectomy group. There was no significant difference in neurological outcome. I don't see that this study will change the current practice in the surgical management of traumatic subdural hematomas which will require either a craniotomy or a craniectomy. It is difficult to quantitate the outcomes because clearly there are some patients who will have secondary brain injury from a subdural hematoma and craniectomy will be the best choice. The management decision is well within the skill, knowledge, experience, and training of most neurosurgeons."

Dr. Vigna concludes, "Subdural hematomas result from physical assaults, motor vehicle accidents, and slip and falls. Our clients have serious injuries."

Dr. Vigna is a California lawyer, who focuses on catastrophic injuries including spinal cord injuries, traumatic brain injury, birth injury, vaginal mesh neurological injuries, and elder abuse including hospital and nursing home decubitus ulcers. Greg Vigna, MD, JD, PLC has a non-exclusive referral relationship with Ben Martin Law Group, a national pharmaceutical injury law firm in Dallas, Texas. The lawyers represent the seriously injured, nationwide.

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