

عنوان مقاله:

Infected External Ventricular Drainage After Ruptured Intracranial Aneurysm: Clipping Time Challenge

محل انتشار:

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خلاصه مقاله:

Background: Ventriculostomy-Related Infections (VRIs) are reported in 3%–29% of patients with Subarachnoid Hemorrhage (SAH), and is strongly associated with the placement of Cerebrospinal Fluid (CSF) catheters. Considering the risk of placement of a metal clip in an infected environment, the timing of clipping in these patients is a challenging issue. Objectives: To treat the patients with a ruptured aneurysm that simultaneously had infection induced by External Ventricular Drainage (EVD). Materials & Methods: This study was carried out from January 2016 to December 2018 in an academic hospital in the north of Iran. A total of 42 consecutive patients with spontaneous SAH treated with EVD were enrolled in this study. The results of laboratory tests of CSF (proven or suspected ventriculitis) and timing from ictus to aneurysm surgical clipping, length of VRIs, and patients' outcomes were reviewed. Analysis of the obtained data was performed by ANOVA, Fisher exact test and the Chi-square test in SPSS 20. P values less than 0.05 were considered significant. Results: Among non-infected patients, the best time of clipping is less than 3 days that resulted in the least complications ($P=0.047$). Among the infected patients, the rate of death in patients undergone surgery 4-14 days later was more than the patients undergone surgery after 2 weeks and the rate of severe complications was even more after 2 weeks. Conclusion: If there is simultaneous brain aneurysm and infection induced by EVD, aneurysm clipping is better to be done in less than 3 day that reduces the vasospasm .too, otherwise the clipping is better to be done after treatment of the infection i.e. 2-3 weeks later

کلمات کلیدی:

Subarachnoid hemorrhage, Intracranial aneurysm, Drainage

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