Letters to Editor

Authors’ Reply

Sir,

We thank Pati and Nambron for their interest in our paper “Expanding traumatic intracerebral contusion/hematoma.” The queries raised are relevant. We did not treat coagulopathy with clotting factors on admission. We agree that the patients with a clotting disorder can have abnormal clot formation which causes an isodense appearance, thereby missing an intraparenchymal bleed on initial CT scan. The hematoma matures and becomes visible or appears larger on a subsequent CT scan, following replacement of the clotting factors but we also observed increase in mass effect and midline shift in all our patients along with increase in size of hematoma. There were 16 cases of expansion of hematoma with coagulopathy and out of these 15 cases of expanding hematoma with coagulopathy deteriorated on the Glasgow Coma scale (GCS). So the increase in size of hematoma was also associated with increase in mass effect and midline shift along with deterioration in GCS; therefore the increase in size of the hematoma was due to real increase in size rather than change in the density, so it is unlikely that the higher percentage of expanding intracerebral hematoma could be due to diagnostic pitfalls.

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Reference


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