MANAGEMENT OF HEMORRHAGIC RISK IN CHILDREN IN NEUROSURGERY

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Introduction:

The hemorrhagic risk in children in neurosurgery, is considered to be high because the life expectancy can be quickly brought into play, if its management is not immediate, unlike the adult, child and especially in the infant and new born can lead to a hemorrhagic shock because the mechanisms of adaptation to the TaO_2 to the demands of the organism are more delicate than in adult.

The aim of the survey is to evaluate this hemorrhagic risk and to understand its pathophysiological mechanism in order to prevent it before curing it.

Patients and method :

122 children scheduled for neurosurgical procedures were included in the retrospective study over a 12 months period (from January 1st, to December 31, 2016).

We collected clinical, etiological and therapeutic data of those with hemorrhagic risk.

Discussion :

In the litterature:

- Infants and newborns are at high risk of hemorrhagic shock in neurosurgery, especially with associated dehydration or anemia, this hypovolemia must be corrected immediately by vascular filling, in order to reduce mortality.

- The transfusion threshold was: hemoglobin $<10g / dl$ or $<30\%$ hematocrit in the newborn, and Hb $<8g / dl$ or $<25\%$ in infants less than one year of age, and Hb $<7g / dl$ in the rest of the children, with the exception of traumatized cranial or transfusion threshold was Hb $<10g / dl$

- *In our unit we respect the protocols, and we closely monitor the parameters such as clinical signs of hypovolemia, temperature, monitoring AP, hemocue, and diuresis as recommended by the SFAR

- *Two children needed the use of catecholamines, including one who died intraoperatively

Results :

Conclusion :

Management of the hemorrhagic risk of the child in neurosurgery, requires an anticipation and a particular attention, in order to stratify this risk, to prevent it and to take caution of it right away to avoid its complications and to reduce its mortality

Reference:

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