

Re: Comparison of the Surgical Approaches for Frontal Traumatic Intracerebral Hemorrhage

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Received: February 10, 2020

Accepted: February 10, 2020

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Dear editor, in an interesting article, Park et al. [1] report their experience with minimally invasive surgery for the management of frontal traumatic intracranial hematomas. We all know that cerebral contusions are dynamic lesions and the size of the lesions and peri-lesional edema can increase over a period of time. The management of these lesions not only aims to remove radiologically visible lesions (parenchymal hematoma and/or contused brain), but also to reduce the intracranial pressure. The literature suggests that techniques that require minimal access may not be a good option in non-elderly patients if the size of the contusion is moderate or massive or follow-up imaging suggests an increase in lesion size [2]. Thus, it is important that while planning the evacuation of these lesions, we should make sure that there will also be a sufficient reduction in intracranial pressure [2]. Additionally, as an alternative to the burr hole as a minimally invasive approach, trephination has been suggested as a surgical procedure that can be used to evacuate intracerebral hematoma, particularly in elderly patients [3]. We suggest that if the surgical approach presented by Park et al. [1] could be supplemented with intracranial pressure monitoring to show that the minimally invasive approach is safe and effective for evacuating the intracerebral hematoma/contusion and also reduces the intracranial pressure, then it will be a good adjunct in the neurosurgical armamentarium.

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