

ABSTRACTS: ORAL POST PRESENTATION I

Title:

The recurrence rate of chronic subdura hematoma in patient taking anti-platelet medications or anticoagulant with reversal regimen and early complication after discontinuation of medications

Authors and Institution:

NL Chan, KN Hung

Queen Mary Hospital

Abstract:

Background

Chronic subdural hematoma is commonly seen in elderly patients. At the same time it is very common to encounter elderly patients taking either anti-platelet medications or anticoagulants for cardiovascular or neurovascular diseases. We have practice to reverse the effects anti-platelet drugs and anti-coagulants in patients with chronic subdural hematoma by discontinuation of medications and platelet transfusion or FFP/vitamin K. This is to attempt to compare the recurrence rate in patients taking anti-platelet drugs or anti-coagulant and patients taking neither. Also the complications of discontinuation of these medications are also evaluated.

Method

187 patients was admitted into Queen Mary Hospital Neurosurgical department for chronic subdural hematoma with surgery done during Jan 2010 to Sep 2014. 22 patients were excluded because of other bleeding tendencies, craniotomy being done instead of burr hole drainage, subdural urokinase injection or death soon after surgery. Totally 165 patients are reviewed. They are divided into 3 groups: anti-platelet group, anti-coagulant group and normal group. The recurrence rate of chronic subdural hematoma which are indicated for surgery are investigated and compared. The complication of discontinuation of medication also evaluated.

Result

The overall recurrence rate requiring surgical intervention after the burr hole drainage is 12.73%.

Recurrence rate in patients taking neither anti-platelet medication or anti-coagulant is 12.17%; while the recurrence rate in patients taking anti-platelet drugs and those taking anti-coagulant are 13.5% and 15.28% respectively.

There was no patient having a major ischemic complication within 30-days of discontinuation of anti-platelet or anti-coagulant.

Conclusion

The recurrence rate in patients taking anti-platelet and anticoagulant are compatible with patient not taking these medication without increasing the complication risk. The reversal regime for anti-platelet medication and anti-conagulant are safe in clinical practice with compatible recurrence risk achieved.