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337 Comparison of Outcomes, Signs, and Symptoms of Traumatic Posterior Fossa Epidural Hematoma (PFEDH) Patients Who Managed Surgically Versus Conservatively: A Systematic Review and Meta-Analysis

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Aim: To compare patients with PFEDH who managed surgically versus conservatively in terms of signs and symptoms at admission and outcomes at follow-up.

Method: This systematic review was performed according to PRISMA guidelines on four databases: PubMed, Scopus, EBSCO, and Cochrane central up to December 20th, 2021.

Result: Eighteen observational studies including 713 patients were assessed quantitatively. The proportion of patients achieved a Glasgow Outcome Scale (GOS) score of 5 was higher in the conservative group (Odds Ratio [OR] = 3.588, p < 0.001) and odds of mortality were lower in the same group (OR = 0.210, P = 0.010). Surgical groups were more likely to have vomiting (OR = 3.316, P = 0.049), loss of consciousness (LOC) (OR = 4.584, P = 0.039), and bone fractures (cranial or facial) (OR = 3.223, P = 0.045), but less likely to have headache (OR = 0.342, P =0.032) at the admission time. There was higher proportion of males in the surgical group (proportion in surgical = 71%, p < 0.001 versus proportion in conservative = 54%, p < 0.001).

Conclusion: The initial presentation and overall outcomes of PFEDH patients who managed conservatively usually are better than those who managed surgically. This doesn’t indicate that conservative management is used all time, as the treatment option should be in accordance with Brain Trauma Foundation’s Guidelines in 2006, that surgical intervention is still the mainstay treatment and conservative management is used upon neurosurgeon’s discretion depending on admission neurological status and other many criteria.