Accepted Manuscript

Traumatic subarachnoid Hemorrhage in developed and developing communities

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PII: \$1878-8750(14)01107-3

DOI: 10.1016/j.wneu.2014.11.012

Reference: WNEU 2608

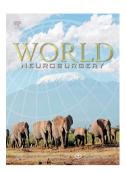
To appear in: World Neurosurgery

Received Date: 15 October 2014

Accepted Date: 15 November 2014

Please cite this article as: El-Fiki M, El-Ghandour N, Traumatic subarachnoid Hemorrhage in developed and developing communities, *World Neurosurgery* (2014), doi: 10.1016/j.wneu.2014.11.012.

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Traumatic brain injury is a universal health problem of diverse etiologic mechanisms in developed than developing communities. Cultural disparities might reflect epidemiologic fruition, management biases, and the level of urbanization as reflected in severity in different community dwellers. Motor vehicle occupants are mainly involved in developed countries, while pedestrians and falls represent a considerable percentage in developing nations. There is a growing need for a specialized trauma centers as well as worldwide WFNS prevention program and compulsory traffic educational programs particularly in developing countries combined also with strict work place safety regulations and adequate protective measures to mitigate against falls. Further studies for improved protection restraints of adolescent and children occupants and their preferred seating positions may be warranted for head injuries in general.

Traumatic subarachnoid hemorrhage induced vasospasm have distinguished onset, duration and offset aside from an increased morbidity than that of its aneurysmal equivalent. Other remedies may be envisioned since there is no aneurysm to secure, and there are multiple sources and mechanisms of bleeding in the traumatic subarachnoid variant.

Use of innovative cutting edge and promising treatment modalities such as decompressive craniectomy, hyperbaric O2 therapy, stem cell therapy, gene therapy and nanotechnology designed remedies may bridge the gap and benefit these unlucky head injury victims.

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