



Clinical Research

Characteristics and prognosis of patients admitted to a hospital emergency department for traumatic brain injury and with anticoagulant or antiplatelet treatment[☆]



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ABSTRACT

Background and objective: To determine mortality and complications of patients with traumatic brain injury (TBI) with antiplatelet or anticoagulant treatment in a hospital emergency department.

Materials and methods: Study of hospital cohorts of the 243 patients who attended with pure TBI to the emergency service of the Arnau de Vilanova University Hospital in Lleida between June 1, 2015 and June 1, 2016. Sociodemographic, clinical and other variables related to clinical management were collected. Presence of complications and in-hospital mortality were registered at 24 h, at 48 h and one week after TBI.

Results: Overall, 50.2% of patients were men, with median age of 80.8 years, and without CT-scan findings at admission in 62.3% of cases. A total of 14 patients died (5.8%). Overall mortality was associated with comorbidity, with knowledge loss and with fluctuation of the Glasgow comma scale in the acute process. Patients treated with anticoagulants (39.5%) or antiplatelet agents (33.3%) were older, with higher degree of dependency and more comorbidity, but did not present more complications. Without reaching statistical significance, higher mortality was observed during the first week in anticoagulated patients (7.3% vs. 4.8%, $p = 0.585$) or with antiplatelet treatment (8.6% vs. 4.3%, $p = 0.241$) with respect to those not treated.

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Conclusions: No worse results have been observed in number of complications in patients with TBI treated with anticoagulant or antiplatelet treatment, so clinical management seems appropriate. The higher mortality could be explained by the greater complexity of these patients. It would be necessary to carry out more studies, preferably prospective with follow-up after discharge, in order to establish causal mechanisms between clinical management and mortality or associated complications to TBI.

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Características y pronóstico de pacientes ingresados en un servicio de urgencias hospitalario por traumatismo craneoencefálico y con tratamiento anticoagulante o antiagregante

R E S U M E N

Palabras clave:

Traumatismo craneoencefálico
Urgencias
Mortalidad
Anticoagulación

Antecedentes y objetivo: Determinar la mortalidad y las complicaciones de los pacientes que presentan traumatismo craneoencefálico (TCE) con tratamiento antiagregante o anticoagulante en un servicio de urgencias hospitalario.

Materiales y métodos: Estudio de cohortes hospitalarias de los 243 pacientes que acudieron con TCE puro al servicio de urgencias del Hospital Universitario Arnau de Vilanova de Lleida entre el 1 de junio de 2015 y el 1 de junio de 2016. Se recogieron variables sociodemográficas, clínicas y otras relacionadas con el proceso asistencial. Se registró la presencia de complicaciones y la mortalidad de los pacientes a las 24 h, a las 48 h y una semana después del TCE.

Resultados: Un 50,2% de los pacientes fueron hombres, de mediana de edad 80,8 años, y sin hallazgos en la TAC al ingreso en el 62,3% de los casos. Fallecieron un total de 14 pacientes (5,8%). La mortalidad global se asoció con la comorbilidad, con la pérdida de conocimiento y con la fluctuación de la escala de coma de Glasgow en el proceso agudo. Los pacientes tratados con anticoagulantes (39,5%) o antiagregantes (33,3%) fueron de mayor edad, mayor grado de dependencia y mayor comorbilidad, pero no presentaron mayor número de complicaciones. Sin alcanzar la significación estadística, se observó mayor mortalidad durante la primera semana en los pacientes anticoagulados (7,3% vs 4,8%, $p = 0,585$) o antiagregados (8,6% vs 4,3%, $p = 0,241$) respecto a los no tratados.

Conclusiones: No se han observado peores resultados en complicaciones en los pacientes con TCE tratados con anticoagulantes o antiagregantes, por lo que el manejo clínico parece adecuado. La mayor mortalidad puede ser explicada por la mayor complejidad que caracteriza a estos pacientes. Sería necesario realizar más estudios, preferiblemente prospectivos con seguimiento posterior al alta, para poder establecer mecanismos causales entre el manejo clínico y la mortalidad o las complicaciones asociadas al TCE.

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Introduction

Traumatic brain injury (TBI) is one of the most commonly seen conditions in emergency departments, with 200 new cases per 100,000 inhabitants.¹ It is the leading cause of death due to trauma in all age groups.

In patients over 65 years of age, the most common reason for consultations is TBI associated with falls, accounting for 34.8% of cases,² usually due to sleep or gait alterations, nocturnal incontinence and unstable gait associated with age.³ TBI in young patients is generally associated with other trauma, such as thoracic, cervical or abdominal trauma in the context of road traffic accidents and/or multiple

trauma.^{4,5} Regardless of age, based on the Glasgow Coma Scale (GCS), 80% of these cases are considered mild (GCS score of 14–15). Moderate TBI (GCS score of 9–13) occurs in 10% of cases and the remaining 10% are patients with severe TBI (GCS score of <9).⁶

Anticoagulation is the treatment indicated to avoid emboligenous processes triggered by altered cardiac rhythm—generally atrial fibrillation⁷—and is essential in patients with valve replacements.⁸ Because of its haemorrhagic power, the combination of anticoagulation with TBIs associated with falls has generated a large number of visits to emergency departments, leading to additional tests and hospital stays for observation of around 24 h,^{9,10} resulting in

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