HEAD INJURY IN PAEDIATRIC AGE GROUP
A Study of 856 Cases

BAPAT PRAMOD*
SHAH PARAG**
CHANGLANI T.T.***

Children are susceptible to injuries and head injury is the commonest cause of admission of children to a hospital. Over a one year period between May 1989 and April 1990 we had the opportunity of treating 856 children with head injury. 88% had minor head injuries and recovered completely. 14.5% had intracranial haematomas and successful evacuation was carried out in 5.5%. A mortality of 18% is reported.

Introduction
Few children reach adulthood without having sustained trauma to the head. A major component of the morbidity and mortality of paediatric trauma is related to head injury.1-5 Approximately 1 of every 10 children will experience traumatic loss of consciousness during childhood.5 Head injury is thus the principle cause of admission of children to the hospital. There appears to be a definite difference between adults and children as regards the nature of accident, severity of injury, mortality and final outcome. "Children are not little adults, infants are not little children!" this adage is particularly emphasised in paediatric craniocerebral trauma.

Material and Methods
The study was carried out at our institute which has special facilities for trauma care. All the children upto 12 years of age who were admitted in the "Trauma and Paediatric Surgical Ward" were selected. A total of 856 patients were studied in one year period from May 1989 to April 1990.

A detailed history and examination of the patients was undertaken. For the objective assessment of the level of consciousness (LOC) the criteria as in the following chart were followed. This was applicable for children more than 2 years of age. Assessment of children below 2 years was subjective.

LOC Criteria

1  Fully Conscious.
IIa  Mild Confusion: Slow or incomplete response, orientation in time and space partially lost.
IIb  Moderate confusion: Talks only simple words like yes/no, name etc. Irrelevant but obeys verbal orders.
IIc  Rowdy confusion; Irritable, avoids stimuli and curls up.
IId  Severe confusion; Does not speak at all, but responds to simple verbal orders like open your eyes, show your tongue etc.
IIIA  No response to verbal commands.
IIIB  Responds to painful stimuli with purposive movements.
IIIC  Decerebrating response to painful stimuli.
IVA  Unconscious—No response to painful stimuli.
IVb  Unconscious—Flaccid. Slow or apnoeic breathing.

* Registrar
** Lecturer
*** Professor
Dept. of Surgery, L.T.M.G.H., Sion, Bombay.


69