



Abstract



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Background: Skull fracture is the mostly occurring head injury in fatalities over last decades. Traumatic skull fractures are commonly associated with serious intracranial injuries that may result in long-term neurologic sequelae.

Objectives: The aim of this work is to study traumatic skull fracture cases admitted to Kasr Al-Ainy hospital during the period from 1st of January to 31st of December 2013.

Subjects and methods: The current work is a cross sectional descriptive study. Data were collected through the electronic filing system of the hospital. Coding and tabulation of data were done followed by statistical analysis.

Results: The total number of traumatic skull fracture cases was 525. The mean age was 16.347 years where children and adolescents (<18) represented 59% of cases. Males outnumbered females in all age groups with high statistical significant difference. The majority of cases (79.2%) were from Greater Cairo. The peak incidence of traumatic skull fractures was in October (13.1%). The majority of cases (53%) were admitted in the Pm period. Most of the cases showed accidental infliction of trauma (85.9%) due to falling (37.71%) that occurred mainly in the parietal bone (32.2%) mostly in the form of depressed fractures (47.1%). Extra head injuries were detected in almost half of the studied cases (50.28%) and injuries in other body regions were present only in 7.62% of cases. Consciousness level and motor power were preserved in most of the cases (61.5%) & (93.7%) respectively. Medical treatment was received by 57.7% of cases and surgical intervention was done for 41.5%. The majority of cases improved (91.6%), while death occurred in 3% of cases. The mean period of hospital stay was 2.96 days.

There was high statistical significant difference between cause of fracture with respect to age and gender variables as well as site of fracture. Manner of infliction showed statistical significant difference regarding age, gender, month of admission and cause of fracture. There was high statistical significant difference between type of fracture regarding age, cause, manner as well as site of fracture. Consciousness level and motor power were statistically significant with respect to type of fracture, yet not significant regarding site of fracture. The type of treatment showed high statistical significant difference regarding site, type of fracture as well as extra head injuries. Outcome showed high statistical significant difference with respect to site of fracture, extra head injuries and associated body injuries, neurological findings as well as treatment, while there was no statistical significant difference between outcome and type of fracture.

Conclusion and recommendations: Traumatic skull fracture is a considerably prevailed medico-legal problem. It is recommended to implement the role of clinical forensic medicine in trauma care, ensure the importance of proper medical documentation and enhance the preventive measures of head trauma.

Key words: Traumatic, Skull, Fracture, Head injury, Medico-legal.