

Emergency room and neurosurgery cases

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Dear Editor,

In this study, demographic data of neurosurgery patients brought to the emergency room were examined and their results were evaluated. Patients who were brought to the Emergency Department of the Faculty of Medicine Hospital and hospitalized for neurosurgery over a three-year period were retrospectively analyzed from computer records. Of the 82250 patients who came to the emergency department within three years, 354 (0.43%) were followed up in the neurosurgery clinic. The mean age of the patients was 39.42 ± 22.50 (0-90), of which 213 (60.4%) were male and 141 (39.6%) were female. The patients were brought to the emergency department with the most common complaints of headache, low back pain, traffic accident, falling from a height and dizziness. Glasgow coma scale was below 8 in 70 of the patients, and it was between 9-12, 160 in 124 and 13-15 in 124 patients.

The most common diagnoses were lumbar pathologies (disc hernia, vertebral fracture), brain mass (diagnosed control patients), subarachnoid hemorrhage, hydrocephalus, epidural and subdural hemorrhage. Medical treatment was applied to 187 patients and surgical treatment was applied to 167 patients. While the number of patients hospitalized in the intensive care unit was 136, the mean day was 1.75 ± 5.91 (0-82) days, while the mean length of stay in the service was 8.06 ± 5.62 (1-37) days. Of the patients followed, 66 died and the most common diagnosis was intracranial hemorrhage. 288 patients were discharged with good recovery and were followed up in the outpatient clinic.

As a result, when neurosurgery patients are evaluated in emergency service admissions, it is seen that the number is low.

However, patients who are really urgent should be evaluated by making a differential diagnosis with a good physical examination and necessary tests (Şenol et al., 2014; Cook et al., 2020; Yang et al., 2021; Madhok et al., 2022).

Keywords: *emergency room, neurosurgery, lumbar pathologies, brain mass, subarachnoid hemorrhage*

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