

Management of simple scalp wounds

1) stopping of bleeding either by compression or by ligation of bleeding blood vessel.

2) inspection (site , size , edges, dirt, hair, sand, skin loss etc....

3) palpation (with caution) by gentle palpation to look for any fracture using finger.

N.B. DO NOT PRESS YOUR FINGER DEEPLY IN CASE OF DEPRESSED SKULL FRACTURE, YOU MIGHT CAUSE BRAIN INJURY

4) definitive treatment:

- a) Shaving by 2-3 cm around wound margin.***
- b) copious irrigation with isotonic saline to remove any hair or dirt.***
- c) sterilization with povidone iodine***
- d) local infiltration with zylocaine preferably with adrenaline.***
- e) suturing***
- f) dressing & bandaging.***
- g) antibiotics, tetanus toxoid.***

5) investigations (CT brain , skull X-ray etc..

skull fractures

defined as discontinuation of skull integrity.

They are classified in three ways:

By pattern (linear , comminuted and depressed).

By anatomical location (vault convexity & base).

By scalp integrity (open & closed).

Linear skull fractures

It is a single fracture line that pass through the full thickness of skull.

Treatment is usually conservative **unless** there is significant underlying epidural hematoma.

Linear fractures of skull base carry **higher risk** of infection than those of convexity linear fractures

Comminuted skull fractures

Multiple linear fractures that radiate • from point of impact, some of the fracture lines may involve the suture lines (**diastatic fracture) or may stop at them.**

Depressed skull fractures

The outer table of the depressed bone fragment lies at or below inner table of the intact surrounding skull.

Indications of surgical intervention (*craniectomy*)

- 1) open (compound) fracture.**
- 2) degree of depression more than full thickness of skull.**
- 3) cosmetic reasons.**
- 4) depressed skull fractures over special sites (motor or speech areas)**

Basilar skull fractures

3.5% - 24% of head injury.

Anterior skull fractures:

- 1) bilateral peri-orbital ecchymosis (raccoon eyes) or banda sign.**
- 2) CSF rhinorrhea.**
- 3) anosmia**
- 4) cranial nerve palsy (1st or second nerves).**

Middle cranial fossa fractures

- 1) CSF otorrhea or otorrhagia.***
- 2) hemotympanum.***
- 3) Battle's sign (ecchymosis over mastoid).***
- 4) cranial nerve palsy (7th or 8th nerves)***