



Measuring and Evaluating the Levels of Coagulation Factors and Platelet in the Serum of the Patients with Moderate and Severe Brain Injury

Behzad Saberi*

Medical research, Iran

*Corresponding author: Behzad Saberi, Medical research, Iran

To Cite This Article: Behzad Saberi. Measuring and Evaluating the Levels of Coagulation Factors and Platelet in the Serum of the Patients with Moderate and Severe Brain Injury. *Am J Biomed Sci & Res.* 2019 - 4(1). *AJBSR.MS.ID.000752*. DOI: [10.34297/AJBSR.2019.04.000752](https://doi.org/10.34297/AJBSR.2019.04.000752)

Received: June 21, 2019 | Published: July 16, 2019

Mini Review

Brain injury is a common accident and many factors involve in its occurrence. Due to daily increasing in vehicles numbers and some other dangerous factors, Brain injury incidence is increasing day by day. In case it would not be treated on time, it will cause high levels of mortality and disability. Current usual scale to detect the severity of head injury is GCS which although it is beneficial but has many limitations and in most of the time cannot be measured and used appropriately during clinical practice. So it would be necessary to try to find biomarkers that can determine the severity of brain damage in this patients group. This study has been done to determine and compare the levels of coagulation factors and platelet in the patients with moderate and severe brain injury [1-6].

This study is a descriptive analytical one which during that There were 200 patients whom data were collected and included in the study. Demographic information of the patients including their age, sex and etiology of the injury were collected and registered in a specific questionnaire. After examining the patients, their GCS levels were registered and the patients with moderate and severe brain injuries have been included in the study [7-12]. After getting their blood samples, the levels of PT, PTT, INR and Plt were measured and registered. Then the data were collected and evaluated with SPSS software.

There were some criteria to determine the inclusion or exclusion of the patients in this study. Inclusion criteria were:

a. The patients with moderate and severe brain injury and

b. Patients or their family consent to be involved in the study. Exclusion criteria was the impossibility to measure the coagulation factors levels in the patients due to various reasons (Table 1).

The level of PT in the patients with acute and moderate brain injury were 12 ± 1.15 and 11.63 ± 0.89 and according to the t-test there was no difference between two groups ($p=0.3$). The level of PTT in the patients with acute and moderate brain injury were 32.3 ± 2 and 31.37 ± 1.75 and according to the t-test there was no difference between two groups ($p=0.17$). The level of INR in the patients with acute and moderate brain injury were 1.73 ± 0.61 and 1.21 ± 0.3 and according to the t-test there was a difference between two groups ($p=0.001$). The mean level of Plt in the patients with acute and moderate brain injury were 309.2 ± 36.16 and 283.23 ± 42.13 (*1000) and according to the t-test there was no difference between two groups ($p=0.9$) [13-22].

The results of this study show that the levels of the coagulation factors in the patients with brain injury would be changed and these can be used in clinical practice to determine the patient's conditions and take appropriate decision.

References

- Lehr D, Baethmann A, Reulen HJ, Steiger HJ, Lackner C, et al. (2007) Management of patients with severe head injury in the preclinical phase: a prospective analysis. *J Trauma* 42(5 Suppl): S71-75.
- Fleminger S, Ponsford J (2005) Long term outcome after traumatic brain injury. *BMJ* 331(7530): 1419-1420.
- Delaney KA, Goldfrank LR (2000) Management of the multiply injured or intoxicated. In: Cooper PR, Golfinos JG, (Eds.), *Head injury*, 4th edn, McGraw-Hill, New York, USA, p. 41-62.
- Valadka AB, Narayan RK (2006) Emergency room management of the head-injured patient. In: Narayan RK, Wilberger JE, Povlishock JT (Eds.), *Neurotrauma*, McGraw-Hill, New York, USA, p. 119-135.
- American Association of Neurological Surgeons, The Brain Trauma Foundation, The American association of Neurological Surgeons (2000)

Table 1

Questionnaire sample
Patients data including age and sex
Etiology of the injury
GCS level
Severity of the head injury based on GCS: moderate – severe
Lab findings and results of measuring the levels of: PT, PTT, INR, Plt

- The Joint Section on Neurotrauma and Critical Care. Glasgow Coma Scale score. *J Neurotrauma* 17(6-7): 563-571.
6. David IG, Hume AJ, Thomas AG (2006) Pathology of brain damage in head. In: George TT, *The practice of neurosurgery: From Williams & Wilkins*, Baltimore, USA, 2: 1385-1397.
 7. Greenberg G (2003) *Handbook of head and spine trauma*. Williams & Wilkins, Baltimore, USA, pp. 230-233.
 8. Kelly FD, Nikas FD, Becker FD (2005) Diagnosis and treatment of moderate and severe head injuries in adult. In: Youmans RJ, *Neurological surgery*, From WB Saunders Company, Philadelphia, USA, (14th edn.), 3: 1702-1918.
 9. Lee RK, Hoff TG (2006) Intracranial pressure. In: Youmans RJ, *Neurological surgery*, From WB Saunders Company, Philadelphia, USA, 14th edn, 1: 512.
 10. Levin HS (2008) Neurobehavioral sequelae of closed head injury. In: Cooper PR, *Head injury: From Williams & Wilkins*, Baltimore, USA, p. 525-551.
 11. Jennett B, Bond M (1975) Assessment of outcome after severe brain damage. *Lancet* 1(7905): 480-484.
 12. Maas AI, Braakman R, Schouten HJ, Minderhoud JM, van Zomeren AH (2003) Agreement between physicians on assessment of outcome following severe head injury. *J Neurosurg* 58(3): 321-325.
 13. Salehpour F, Bazzazi AM, Porhomayon J, Nader ND (2011) Correlation between coagulopathy and outcome in severe head trauma in neurointensive care and trauma units. *J Crit Care* 26(4):352-356.
 14. Aysegul B, Erdal K (2006) Fibrinolytic markers and neurologic outcome in traumatic brain injury. *Neurology india* 54(4): 356-365.
 15. Cuffman PJ, Sleeman DH, Statham PF, McQuatt A, Corruble V, et al. (2002) Predicting recovery in patients suffering from traumatic brain injury by using admission variables and physiological data: a comparison between decision tree analysis and logistic regression. *J Neurosurg* 97(2): 326-336.
 16. Kurni M, Chelly H, Ben Hmida M, Ben Hamida C, Ksibi H, et al. (2004) Prognosis of traumatic head injury in South Tunisia: a multivariate analysis of 437 cases. *J Trauma* 57(2): 255-261.
 17. Stein DW (2003) Treatment of cerebral ischemia improves outcome following severe traumatic brain injury. In: Lea F. *ICU book*, From Williams & Wilkins, Philadelphia, USA, pp. 197.
 18. Bruns J, Hauser WA (2003) The epidemiology of traumatic brain injury: A review. *Epilepsia* 44 (Suppl 10): 2-10.
 19. Murray GD, Teasdale GM, Braakman R, Cohadon F, Dearden M, et al. (1999) The European Brain Injury Consortium Survey of Head Injuries. *Acta Neurochir (Wien)* 141(3): 223-236.
 20. Capruso DX, Levin HS (2000) Neurobehavioral sequelae of head injury. In: Cooper PR, Golfinos JG, editors. *Head injury*. 4th edn, McGraw-Hill, New York, USA, p. 525-553.
 21. Lee KK, Seow WT, Ng I (2006) Demographical profiles of adult severe traumatic brain injury patients: implications for healthcare planning. *Singapore Med J* 47(1): 31-36.
 22. De Silva MJ, Roberts I, Perel P, Edwards P, Kenward MG, et al. (2009) Patient outcome after traumatic brain injury in high-, middle- and low-income countries: analysis of data on 8927 patients in 46 countries. *Int J Epidemiol* 38(2): 452-458.