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OUTCOME OF PEDIATRIC MISSILE HEAD INJURIES

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ABSTRACT

Introduction

Missile injuries have progressively increased in Iraq after 2003. These injuries are uncommon in children, but cause greater severity compared to other injuries.

Method

Fifty two patients with pediatric missile injuries (PMIs) admitted to Alsadre teaching hospital (Basrah neurosurgical center) from March 2006 to June 2014 were enrolled in this study.

Results

The patients' age ranged from 6 months-18 years with a male/female ratio= 11:2.The patients were victims of roadside grenade attacks, terror explosions, haphazard fires between security forces and militants, or air firing on marriages and processions ceremony. Bullet injury accounted for 44% of the study group, whereas the rest of the PMIs were caused by fragments from blast injuries. In patients with a Glasgow Coma Score (GCS) of 3–8 there was a 50% mortality rate and none of the patients had a good outcome. In patients with a GCS score of 9–12 there was no mortality rate and 60% of the patients had a good outcome. There was one death in the group with GCS scores of 13-15. Pupillary abnormalities were seen in 7 cases. About 73% of the patients had a unihemispheric injury, 13.5% had intracerebral hemorrhage, 9.6% had midline shift in addition to a unihemispheric injury, whereas 3.8% had bihemispheric involvement. About 15.4% of the patients had motor weakness. Two of the motor weakness and 3 of non-motor weakness patients died. Sixteen patients (30.8%) had fits. Four patients of them died, while one patient died from the group who did not develop fits. Four patients (7.7%) had meningitis. Thirty-four patients (65.4%) had some psychological upsets.

Conclusions

PMIs do not differ significantly from other types of head injury as far as prognostic factors are concerned. In Iraq, the epidemiology of PMI is different from that in the West. Education, of the community on the risks of haphazard bullet injuries, is recommended and the government must show more power to avoid these wrong habits.

KEYWORDS: Pediatric Missile Injuries, Bad Outcome and Good Outcome