RECOMMENDATIONS

From the present study we can recommend the following:

1) All patients with TBI should be subjected to hyperoxia as an effective method of treatment for improving brain metabolism and outcome through HBOT or NBH.

2) HBOT should be started as soon as the patient is clinically stable enough to be transported to HBOT facility.

3) Patients who are not stable enough to be transported may receive NBH in the ICU till they are stable enough to be transported to receive HBOT.

4) HBOT units should be constructed in trauma centers to decrease the risk of transportation of TBI patients.

5) Monochamber units for HBOT may be more safe and suitable for ICU TBI patients.

6) Further studies on larger number of patients should be done to evaluate the effect of hyperoxia in traumatic brain injury patients.

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الملخص العربى

تعتبر اصابات المخ الناتجة عن الحوادث من المشاكل الصحية الخطيرة التى تؤدى الى العديد من الوفيات و تسبب الاعاقة لشريحة مهمة من المجتمع وهم الشباب و الأطفال لأنهم الأكثر عرضة لهذه الأصابات مما يؤثر على انتاجية الفرد و الأسرة و المجتمع.

ولقد أجريت بعض الأبحاث على استخدام العلاج بالأكسجين فى حالات اصابات المخ لتحسين الايض المخى و تحسين درجة الوعى لهؤلاء المرضى. و هناك طريقتان لاستخدام العلاج بالاكسجين فى هذه الحالات وهما: الاكسجين المظغوط ويعنى تنفس المريض نسبة عاليه من الاكسجين تحت ضغط اعلى من الضغط الجوى المعتاد. والطريقة الاخرى هى الاكسجين ذو الكثافة العالية و يعنى تنفس المريض لنسبة عالية من الاكسجين تحت الضغط الجوى المعتاد.

كان الهدف من هذا البحث هو مقارنة تأثير العلاج بالأكسجين المضغوط و الأكسجين ذو الكثافة العالية على مرضى اصابات المخ المتوسطة من حيث الأيض المخى و تحديد مصير هؤلاء المرضى.

وقد تم تقييم هذه التأثيرات من خلال قياس نتائج الأيض وهى: اللاكتات و الأكسجين من خلال الوريد العنقى وباستخدام مصير جلاسكو فى فترة عشرون يوما.

وقد أجريت هذه الدراسة على خمس و سبعين مريضا من مرضى الأصابات المخية المتوسطة والذين يتلقون العلاج بوحدات العناية المركزة. و تم تقسيم المرضى الى ثلاث مجموعات:

المجموعة الاولى: والتى تلقت العلاج التحفظى الكامل بالاضافة الى العلاج بالاكسجين المضغوط (جلسة واحدة يوميا لمدة ساعة لمدة عشرون يوما تحت ضغط واحد و نصف جو) .

المجموعة الثانية: و التى تلقت العلاج التحفظى الكامل بالاضافة الى العلاج بالاكسجين ذو الكثافة العالية (ثلاث ساعات يوميا لمدة عشرون يوما)

المجموعة الثالثة: والتى تلقت العلاج التحفظى الكامل فقط.

وقد أسفرت الدراسة عن النتائج الآتية:

- معظم المصابين بأصابات المخ من الشباب صغار السن، و أن أكثرهم من الذكور.
- لا يوجد فارق ذو دلالة احصائية بين الثلاث مجموعات من حيث السن و الجنس و النتائج المعملية مثل: نسبة الهيموجلوبين، وظائف الكلى، و أملاح الدم.
- تحسن معدلات الايض للاكتات و الاكسجين من خلال الوريد العنقى و كذلك تحسن مصير جلاسكو بعد جلسات الاكسجين المضغوط بصورة اكبر من الاكسجين عالى الكثافة، و تحسنها بعد جلسات الاكسجين عالى الكثافة بصورة أكبر من العلاج التحفظى الكامل فقط.

وقد أظهرت الدراسة الاستنتاجات و التوصيات الآتية:

- أن علاج مرضى الاصابات المخية المتوسطة بالأكسجين المضغوط يؤدى الى تحسن ملحوظ فى أيض المخ و كذلك تحسن مصير هؤلاء المرضى بدرجة اكبر كثيرا من الأكسجين عالى الكثافة.
- كما نوصى من خلال نتائج هذا البحث بعلاج مرضى اصابات المخ باستخدام الأكسجين المضغوط اذا كانت الحالة مستقرة و تسمح بالنقل لمكان تلقى جلسات الأكسجين.
- اذا كانت الحالة لا تسمح بالنقل لمكان تلقى جلسات الاكسجين المضغوط فيمكن استخدام الاكسجين عالى الكثافة داخل العناية المركزة للاستفادة من مزايا العلاج بالأكسجين الى ان تسمح حالة المريض بالنقل لتلقى الاكسجين المضغوط.

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رسالة مقدمة

لقسم الطب الحرج ـ كلية الطب ـ جامعة الإسكندرية
ضمن متطلبات درجة

الماجستير

فى

الطب الحرج

مـــن

محمد قدرى بلتاجى موسى منسى
بكالوريوس الطب والجراحة ، ٢٠٠٦
كلية الطب، جامعة الإسكندرية

[١٢/ ٢٠١٤]

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رسالة مقدمة من

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للحصول على درجة

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لجنة الإشراف **موافقون**

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