

Commentary on - Management of Orbitocranial Non-missile Wounds

We read with interest the manuscript, “Good outcome after delayed surgery for orbitocranial non-missile penetrating brain injury.” Their management was perfect and survived the patient, but there are some issues worthy to be stressed upon regarding or experience with similar cases. Surgical intervention is better to be undertaken as an emergency without losing any lapse period for preventing either epilepsy, infection, or control of brain edema if the situation of the emergency care is well maintained. If not transferring, the case to a tertiary/supporting center is mandatory. Removing small fragments of indriven foreign material is not mandatory if it can hurt the brain tissue anymore. Last, a minimally invasive study of the vascular structures being passed through by the indriven material is always necessary. It can be performed 10–15 days after injury looking for traumatic vasculopathies.^[1-3] It can prevent late catastrophes in similar cases.

Abbas Amirjamshidi, Kazem Abbassioun

Department of Neurosurgery, Tehran University of Medical Sciences, Tehran, Iran

Address for correspondence:

*Prof. Abbas Amirjamshidi,
Department of Neurosurgery, Tehran University of Medical Sciences,
Tehran, Iran.
E-mail: abamirjamshidi@yahoo.com*

References

1. Amirjamshidi A, Ghasvini AR, Alimohammadi M, Abbassioun K. Attempting homicide by inserting sewing needle

into the brain report of 6 cases and review of literature. *Surg Neurol* 2009;72:635-41.

2. Amirjamshidi A. Attempting homicide by inserting sewing needles into the brain. *Neurosurgery* 2013;72:E143-4.
3. Amirjamshidi A, Abbassioun K, Rahmat H. Minimal debridement or simple wound closure as the only surgical treatment in war victims with low-velocity penetrating head injuries. Indications and management protocol based upon more than 8 years follow-up of 99 cases from Iran-Iraq conflict. *Surg Neurol* 2003;60:105-10.

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

Access this article online

Quick Response Code:



Website:

www.asianjns.org

DOI:

10.4103/1793-5482.228556

How to cite this article: Amirjamshidi A, Abbassioun K. Commentary on - Management of orbitocranial non-missile wounds. *Asian J Neurosurg* 2018;13:538.