Comparison of craniotomy and craniectomy in patients with acute subdural haematoma.

Despite the increasing acceptance of craniectomy in patients with traumatic brain injury, the value of early decompressive craniectomy in patients with acute subdural haematoma is still under debate. In this retrospective study, we reviewed 180 patients with traumatic acute subdural haematoma, 111 of whom were treated with haematoma evacuation via craniotomy and 69 of whom were treated with early decompressive craniectomy. Due to the higher incidence of signs of herniation for patients in the craniectomy group, the mortality rate in this group was higher than that in the craniotomy group (53% vs. 32.3%). However, overall there was no significant difference in outcome between the two groups. Age and clinical signs of herniation were significantly associated with an unfavourable outcome, regardless of the type of surgery. Decompressive craniectomy did not seem to have a therapeutic advantage over craniotomy in traumatic acute subdural haematoma.