



Management of Stroke Intracerebral Hemorrhage

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Abstract

Intracerebral hemorrhage (ICH) is a common cause of stroke, accounting for between 5 and 10% of all strokes. Currently, intracerebral hemorrhage (ICH) has the highest mortality rate among all stroke subtypes. Hematoma growth is a main cause of early neurological deterioration. Primary ICH develops in the absence of any underlying vascular malformation or coagulopathy; and more common than secondary intracerebral hemorrhage. Hypertensive arteriosclerosis and cerebral amyloid angiopathy are responsible for 80% of primary hemorrhages.

Initial management should first be directed toward the basics of airway, breathing, circulation, and detection of focal neurological deficits. Particular attention should be given to detecting signs of external trauma. A complete examination should also include looking for complications such as pressure sores, compartment syndromes, and rhabdomyolysis in patients with a prolonged depressed level of consciousness.

Cermin Dunia Kedokt. 2008; 35(6): 321-327

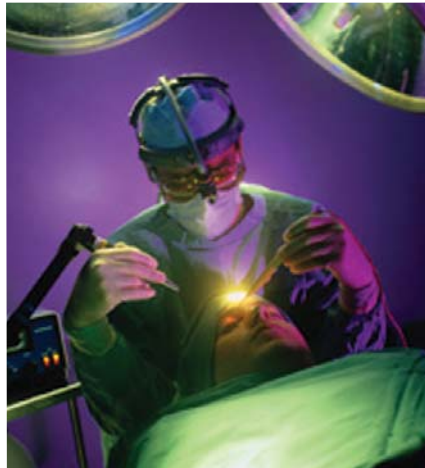
Situation Analysis on Blood Pressure Management in Secondary Stroke Prevention

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Abstract

High blood pressure (BP) is the most important modifiable risk factor for stroke and other vascular diseases. Evidence from randomized controlled trials supports the use of antihypertensive drugs to lower blood pressure for stroke prevention.



Local data was used to describe the magnitude of the problem. Hypertension was observed in at least 50% of stroke survivors. There is some evidence that specific classes of antihypertensive drugs have different effects and/or their pharmacological actions differ in patient sub-groups. This review also evaluates the cost of antihypertensive drugs in secondary stroke prevention.

Key words: hypertension - stroke - secondary prevention

Cermin Dunia Kedokt. 2008; 35(6): 328-330

Awake Craniotomy, Alternative for Intraaxial Tumor Surgery

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Abstract

Awake craniotomy has been reserved for epilepsy surgery and for removal of mass lesions from areas of eloquent cortex. This procedure is safe, quite easy, comfortable for patients, and more widely applied; it has been used for any supratentorial intra-axial brain tumor. Recent evidence showed that it can be applied for out-patient surgery (one-day surgery), and proved that it is a safe procedure, more convenient and psychologically much better for patient. So far, we have started awake craniotomy for 3 cases with intra-axial tumor in our hospital. All patients fared well, one need conversion to general

anesthesia because of intractable general seizure, all mapping were negative, and no morbidity after surgery.

Conclusion: Awake craniotomy is a safe procedure for intra-axial brain tumor.

Key words: Awake craniotomy. Intra-axial tumor. Supratentorial. Eloquent area. Safe procedure.

Cermin Dunia Kedokt. 2008; 35(6): 345-346

Complement activation in mechanical skin injury in kerokan therapy.

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Background: Javanese people have traditional therapy called kerokan. This therapy is applied by rubbing a blunt object repeatedly on the skin of back, neck, and chest lubricated with oil. This action injured skin and caused inflammation. Complement is major chemical mediator in inflammation reaction. There are two complement activation pathways, classic pathway is C1q binding with antibody and alternative pathway is C3 binding with polysaccharide bacteria. The aim of this research is to determine complement activation pathway in mechanical skin injury in kerokan therapy; the special aim is to measure C1 q and C3 level.

Method: This is an experimental research with randomized pre test-post test control group design. The research was done at Padma Clinic, Solo. Samples consists of 38 patients and were divided into two groups: 19 patients were in the treatment group and the rest (19 patients) were in the control group. This research used Kolmogorov-Smirnov test, t parametric test and Mann Whitney nonparametric test, at the significance level of 5%.

Result: There is no significant difference on C1q and C3 level between treatment group and control group.

Key words: Kerokan, complement activation, C1q, C3.

Cermin Dunia Kedokt. 2008; 35(6): 347-349