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Coagulopathy in traumatic brain injury: Current concepts and controversies

Coagulopathy following traumatic brain injury (TBI) is a well recognized pathophysiological state following head injury. A meta-analysis by Epstein et al (2014) found that the weighted average number of patients with coagulopathy following traumatic brain injury was 35.2%. The temporal pattern of coagulopathy is viable. Some patients have an early transient raise in coagulation parameters others have more delayed response. The most important coagulation parameter is currently an area of debate. Some others suggest that the PT is the most important predictor of hemorrhagic progression. Other authors suggest that thrombocytopenia is the most important predictor of hemotoma progression. The presence of traumatic brain induced coaguopathy increases the risk of hematoma progression by an odds ratio of 6.897. The aim of this talk is to review the characteristics of this disease process and to discuss possible etiological mechanisms responsible for this response.

Biography

John Batchelor is a Consultant in Emergency Medicine at Central Manchester Foundation Trust, UK. He is also an Honorary Lecturer at Manchester Metropolitan University. He was graduated from Leeds University England in 1982. He is a Fellow of the Royal College of Surgeons of Ireland and Fellow of the Faculty of Emergency Medicine of England. He undertook his MD thesis at University College London. His current research interest lies in the area of risk factors for intracranial hemorrhage in both adults and pediatrics secondary to coagulopthy and thrombocytopenia.

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