

## 6<sup>th</sup> International Conference on **Hematology**

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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 variable. Some patients have an early transient rises in coagulation parameters others a 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 hematoma progression. The presence of traumatic brain induced coagulopathy 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**

Johns Stephen Batchelor is currently a Consultant in Emergency Medicine at Central Manchester Foundation Trust, England UK. He is also the Honorary Lecturer at Manchester Metropolitan University. He has 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, England. He undertook his MD thesis at University College, London. He has written extensively on the subject of minor head injuries. He has presented a paper in Paris in 2012 on a Meta-analysis looking at the relationship between cerebral micro bleeds and antiplatelet agents. He has also recently published a meta-analysis on the effect on mortality of platelet transfusions in adults with spontaneous or traumatic antiplatelet associated intracranial hemorrhage. His current research interest lies in the area of risk factors for intracranial hemorrhage in both adults and pediatrics secondary to coagulopathy and thrombocytopenia.

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