

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*

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