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PP 009

One-year experience of Pulmonary Thromboembolism in the Emergency Department

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Pulmonary thromboembolism (PTE) in order to examine the approach to the emergency department in a year is considered preliminary diagnosis of pulmonary embolism patients enrolled in the study.All patients with clinically defined to determine risk stratification scores are calculated Genova and Wells were recorded.In this prospective study was carried out. Pulmonary embolism (PE), a total of 119 suspected cases of 58 men and 61 women enrolled in study. Mean age was 69.35 ± 2.16. In patients suspected of PE; dyspnea, chest pain, cough, the most commonly identified cause of arrival. On physical examination; tachypnea, tachycardia, and signs are often detected. The most common risk factors include age, respectively. As risk factors, history of previous surgery in 13 patients and a new, seven patients newly hemoptysis, 5 patients had a history of malignancy. Ratio of these risk factors was higher in women than men. Laboratory findings, no significant difference was found between patients with emboli that and haunting. Radiological findings were frequently detected in the right lung atelectasis and pleural effusion. 36 of the patients (30.2 %) patients had normal chest X-ray. Doppler ultrasonography in 16 of the 33 patients had deep venous thrombosis in the lower extremities. Taken CTPA cases, 37 (31%) patients were diagnosed with PE. Genova clinical probability score is evaluated by a score of PE Wicki those testing the 119 cases embolism 14 (37.84 %) were high, 20 (54.05 %) were intermediate and 3 (11.8 %) were low clinical probability, Wells score legislation 6 (16.22%) per cent higher, 21 (56.76 %) were intermediate, and (27.3 %) low in probability. As a result, the clinical diagnosis of PE is an important step in determining the possibility

Keywords: , Pulmonary thromboembolism, diagnosis, clinical prediction rules, emergency service

PP 010

Spontaneous pneumomediastinum

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Objective: Pneumomediastinum or air in the mediastinum may originate from the esophagus, lungs, or bronchial tree without any apparent precipitating factor. Spontaneous pneumomediastinum is an uncommon, self-limiting condition.

Materials-Methods: We retrospectively reviewed the case notes of all patients admitted to Bakırköy Dr. Sadi Konuk Eğitim Araştırma Hastanesi Emergency Service with pneumomediastinum from december 2011 to january 2013.

Results: There were four men and two women.The mean age was 32,67+/- 25,55 years (range17–82 years). The etiology was unclear in two of patients. One of them admitted to hospital after shooting air gun to his face. Another one had history of swallowing her metal dental and one of them had history of eating solid foods and the last patient had falled to sea.

The commonest presenting complaint was chest pain(usually retrosternal) and dyspnea. Two of patients presented with facial swelling. One of them was brought to hospital with cardiopulmoner arrest. All of patient had normal vital sings except respiratory arrest patient. Subcutaneous emphysema and pneumopericardium presented in all patient except one of them

With the exception of the arrest, all of other patients had normal laboratory values.

The pneumomediastinum was visible of chest x-ray on 5 patients. Computed axial tomografi of the chest was done. The finding of pneumomediastinum on CT was associated with subcutaneous amphysema and pneumopericardium for 5 patient in. A contrast swallow was done in 3 patients.All of them had negative esophagogastroduodenoscopy finding.

The patients were not allowed oral nutrition for 24–48 hrs. All patient treated successfuly except one of them. They had no problem.

Conclusion: Pneumomediastinum is an uncommon self-limiting benign condition. Our experience with spontaneous pneumomediastinum suggests limiting the use of swallow studies, antibiotics, and dietary restriction to allow for early discharge and better use of hospital resources
Keywords: Pneumomediastinum, Subcutaneous emphysema, pneumopericardium, dyspnea

PP 315

Two cases of intra-abdominal hemorrhage due to warfarin therapy

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Objective: The most common and serious complication in patients receiving warfarin is bleeding. In lack of appropriate diagnosis and treatment it shows rapid progression and it is life-threatening. We presented two cases of abdominal hemorrhage due to warfarin treatment.

Case 1: A 75 year-old woman admitted to emergency departmant with abdominal pain, nausea and vomiting. She was ton medication of warfarin 5 mg/day for pulmonary embolism history three years ago. Physical examination revealed abdominal tenderness. In laboratory investigation, INR was 9.4, Hgb:8.2 g/dL and abdominal ultrasonography revealed 3 cm free fluid in pelvic area. K vitamin 10 mg iv, fresh frozen plasma 600 ml and two units of erythrocyte suspension. During follow-up, recurrent hemorrhage and any decrease in hemoglobin were not seen. She was discharged on the third day.

Case 2: A 71 year-old woman admitted to emergency department with abdominal pain. She was using warfarin 5 mg/day for seven years for atrial fibrillation. Physical examination revealed abdominal tenderness with defense and rebound. Labaratory results was as follows; INR: 7.29, Hgb: 10.2 g/dL; abdominal ultrasonography showed 13 cm free fluid in the right lower quadrant and free fluid in the perisplenic recesses. In treatment; K vitamin 10 mg iv, fresh frozen plasma 400 ml were given. heart the eighth day of hospitalization she was discharged without complications.

Conclusion: The most common reasons of intra-abdominal bleeding due to warfarin therapy without trauma are spontaneous retroperitoneal hematoma, rectus hematoma, intramural hematoma and gynecologic bleedings. Treatment of patients that are hemodynamically stable are monitored closely and with appropriate supportive treatment patients could be followed up without surgical intervention as seen our cases. Both of them improved with conservative treatment.

Keywords: Intra-abdominal hemorrhage, warfarin therapy, bleeding

PP 316

Evaluation of Relationship between Ischemic Stroke and Atmospheric Conditions

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Objective: The relationship between stroke and weather conditions is very impressive to many clinicians. In this study, we aim to investigate the relationship between ischemic stroke and weather conditions such as atmospheric pressure, weather temperature, relative humidity, and wind speed.

Materials-Methods: One hundred and twenty eight cases of ischemic stroke who had been admitted to our hospital between January 1, 2010 and December 31, 2010 were included in our study. Relationships between daily case numbers and weather conditions of the same day, 1 day, 2 days, and 3 days ago; and changes in these weather conditions were evaluated.

Results: In our study, no significant relationships were found between daily case numbers and weather conditions of the same day. When the relationship between daily case numbers and weather conditions of previous days were evaluated; a significant negative correlation with maximum wind speed of 3 days ago was found. No significant relationship between daily case numbers and changes in weather conditions within a single day was found. When the relationship between daily case numbers and changes in weather conditions between consecutive days were evaluated; a significant negative correlation with atmospheric pressure change in the last 24 hours was found.

Conclusion: As a result, we recommend more attention on preventive measures on days with low maximum wind speed, and during following 3 days, and for 24 hours when no significant change in atmospheric pressure between consecutive days is suspected.

Keywords: Ischemic stroke, weather conditions, Turkey

PP 317

Perthe's syndrome (Traumatic asphyxia)

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Objective: Traumatic asphyxia is a clinical syndrome associated with cervicofacial cyanosis, petechia and subconjonctival hemorrage, neurological symptoms. This syndrome is also known as acute thoracic compression syndrome, ecchymotic mask or Perthe›s syndrome. Traumatic asphyxia is caused by sudden venous hypertension in the cervicofacial region veins without valve system as a result of thoracoabdominal region›s severe pressure while glottis was closed. Its morbidity and mortality is linked by the associated cardiovascular, pulmonary, and neurological injuries.

Case: A 47 year-old male patient due to accident at work were brought to the emergency department with chest and abdominal pain. General condition of the patient was mid-consciousness, tend to fall asleep, oriented, cooperative, Glasgow Coma Score: 14/15 (E3, M6, V5), light reflex: + / +, pupillary isochoric, arterial blood pressure: 140/100 mmHg, heart rate: 100 / min, temperature: 36.5 ºC, respiratory rate: 22/min and O2 saturation of 99%. On physical examination face, upper extremities, 1/3 of both the proximal and the body to the level of the nipple with cyanosis, subconjunctival hemorrhage in both eyes was seen (figure-1). There weren't any pathology in the other system examination. İn bed side echocardiography it wasn't seen pericardial effusion. İn chest computed tomography there were a few air appearance (pneumomediastenium) in fat bags of anterior mediasten, sternum fracture and pulmonary contusion (figure-2). Patient was entubated and was sent to intensive care unit.

Conclusion: Traumatic asphyxia is a clinical condition caused by blunt thoracoabdominal trauma, is a rare, generally reversible with supportive care, depending on the severity of the injuries to the associated morbidity and mortality that should be considered in a systematic examination and evaluation. In our case, there is a serious case and thoracoabdominal compression was observed for clinical signs of traumatic asphyxia. However, clinical light remained, the patient improved with supportive treatment.

Keywords: Traumatic asphyxia, Perthe's syndrome, injury

PP 318

A Rare Complication of Femoral Venous Catheterization

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Objective: Central venous catheterization (CVC) is an invasive procedure that commonly used in the intensive care unit. Important factors in the development of complications are anatomical structure, experience of the person who do the catheterization and the quality of the material used. We presented a patient that survive with a forgotten guide wire for a year.

Case: A 26-year old male patient was admitted to the emergency department with complaints of nausea and abdominal pain. He told that he hospitalized due to stab wounds a year ago. Direct radiograph of the abdomen showed the catheter guide wire in the inferior vena cava. Under local anesthesia, the guide wire was removed by venotomy. The complaints of the patient improved and he was discharged.

Conclusion: Central venous catheterization is often used for total parenteral nutrition and monitoring. During central venous catheterization, in the early period, mentioned complications are as follows; infection, air embolism, thrombosis, arrhythmia, hematoma, pneumothorax, hemothorax, hydrothorax, chylothorax, cardiac perforation, cardiac tamponade, trauma to adjacent nerves and blood vessels; and rarely pleural effusion. Als the catheter guide wire could escape into the vessel and it can be very lethal due to rare complications such as rupture perforation of the superior vena cava, aortic injury, acute cardiac tamponade. In the late period of secondary complications are venous thrombosis, superior vena cava syndrome, endocarditis, sepsis. In our patient, there wasn't any additional complication and also after removal, patient improved completely. To awoid this complication, catheterization should be done with carefully; after catheterization, the place of catheter could be controlled by direct radiography.

Keywords: Central venous catheterization, complication, guide wire

PP 409

Intra-articular hemorrhage as a rare complication of warfarin

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Objective: Warfarin is primarily used to prevent thromboembolic events. The most common and most serious side effect of it is bleeding which has a patient-year incidence of 0.8 to 3.5% due to use of oral anticoagulants. We presented an intra-articular bleeding due to warfarin therapy.

Case: A 56 year-old-woman admitted to emergency department with swelling, ecchymosis, pain and limitation of movement of the right arm. She used warfarin for ischemic strock for one year. INR was 3.12, other labaratory results were in normal ranges. Plain radiography and MRI of the elbow revealed 24mm hyperdense structure. It is assumed as intra-articular hemorrhage. Vitamin K with a dose of 10 mg was given intravenously; additionally intravenous 200 ml fresh frozen plasma and local cold therapy was applied. Patient was discharged with splint. At the control examination after ten days symptoms were regressed.

Conclusion: Warfarin acts by inhibiting the liver vitamin K-dependent clotting factors, and the most important complication is bleeding. Among all types of bleeding due to warfarin, intra-articular bleeding is seen nearly 0.5% of them. As we noted before, warfarin acts over vitamin K dependent clotting factors, the initial treatment is giving vitamin K as we did. In conclusion, patients who was admitted to the emergency department with any type of bleeding, history of drug use especially warfarin should be asked to the patient.

Keywords: Warfarin, rare complication, intra-articular hemorrhage

PP 410

The Effect of Endothelin-1 Gene Polymorphism on İschemic Cerebrovascular Disease

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Objective: Endothelin-1 is the most potent vasoconstrictor peptide implicated in the cerebrovascular alterations occurring in subarachnoid hemorrhage, stroke and brain trauma. Endothelins are implicated in vascular diseases of several organ systems, including the heart, general circulation and brain. Brain circulating levels of ET1 are elevated in risk factors for cerebrovascular diseases. The aim of the present study was to investigate the association between ischemic cerebrovascular diseases and Lys198Asn and rs10478694 polymorphism of Endothelin-1 gene.

Materials-Methods: Totally 100 patients with ischemic cerebrovascular diseases and 100 healthy controls were included the study. Blood samples were obtained from all cases within 1 hour after emergency department application. The blood samples were isolated and obtained DNAs were studied for Lys198Asn and rs10478694 polymorphism of EDN1 by PCR method.

Results: It was determined that 41 cases from patient group and 38 cases from control group were carrier for Lys198Asn and 39 cases from patient group and 39 cases from control group were carrier for rs10478694. There was Lys198Asn polymorphism in 8 cases from patient group and 9 cases from control group. Similarly, rs10478694 polymorphism was detected in 9 cases from patient group and 7 cases from control group. There was no significant age and gender difference in the cases with or without polymorphism. Also, no association was found between smoke and alcohol usage, hypertension, diabetes mellitus, coronary artery disease, chronic obstructive liver disease and positivity of gene polymorphism.

Conclusion: No correlation was determined between ischemic cerebrovascular diseases and Lys198Asn and rs10478694 polymorphism of Endothelin-1 gene.

Keywords: İshemic, Cerebrovascular, Disease, Endothelin-1, Gene

PP 411

Ischemic stroke with Behçet's Disease

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Objective: Neurological involvement of Behçet's Disease often presents with the brainstem or corticospinal syndromes, aseptic meningitis secondary to venous sinus trombosis or increased intracranial pressure, isolated headache or behavioral disorders. In rare cases, intracerebral hemorrhage caused by a ruptured aneurysm, peripheral neuropathy, parkinsonism syndrome and isolated optic neuritis could be seen.

Case: A 38 year-old-woman was admitted to the emergency department with complaints of ataxia and speech disorder. She had Behcet's disease for 4 years and she use deltacortil 25 mg/day, omeprazol 30 mg/day, colchicine 1.5 mg/day. On physical examination, the right upper and lower extremity power was 3/5 and the right nasolabial groove loss was detected. Laboratory results were within the normal ranges. Diffusion MRI revealed diffusion restriction at the upper pole of the left middle cerebral artery. Intravenous dexamethasone 1mg q6h was given as initial treatment and stopped by reducing in ten days. Neurological symptoms completely improved and the patient was discharged.

Conclusion: In Behcet›s Disease, vasculitis is responsible for occlusion of small and large blood vessels, local thrombus formation and vessel wall disorder constitutes the main mechanism of disorder. In conclusion patients with Behcet's disease can admit to emergency department with cerebrovascular symptoms, they could be treated with dexamethasone.

Keywords: Behcet's Disease, vasculitis, ischemic stroke

PP 412

A rare reason for ischemic stroke; atrial myxoma

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Objective: Stroke, is one of the most important causes of morbidity and mortality especially in older age groups. Generally, atherosclerotic plaques of carotid artery play role in etiology. Embolisms originated from the heart are responsible for approximately 20% of the cases. Causes of ischemic stroke of cardiac origin are atrial fibrillation, ischemic heart disease, cardiac valve disease and surgery, aortic stenosis, atrial myxoma, cardiomyopathy, and inflammatory heart valve disease. We presented a case of a very rare cause of cardiac origin embolism called myxoma which is the most common primary tumor of the heart.

Case: A 52 year-old woman admitted to emergency department with sudden weakness on the left side and inability to walk. Brain CT was normal; diffusion weighted magnetic resonance imagining showed lesions compatible with acute ischemic infarct in the right middle cerebral artery. Carotid-vertebral artery doppler ultrasound was normal. Mass lesion in the left atrium was detected with transthoracic echocardiography. Transesophageal echocardiography revealed the mass with 25x25 mm size which is compatible with myxoma of the left atrium. After the resection of the intraatrial mass totally the pathology revealed atrial myxoma with heterogonous elements. In treatment acetylsalicylic acid 100 mg/day and low molecular weight heparin (LMWH) 600,000 IU/day were given. The 10th day of the treatment, neurological symptoms improved and the patient was discharged.

Conclusion: 70% of the primary cardiac tumors are benign, 50% of these are myxomas. The etiology of myxoma is unknown but believed that has originated from primitive mesenchymal cells. Solitary myxomas can be found in heart, heart valve or vascular structure of heart. Sometimes it can be multiple. Atrial fibrillation and ischemic heart disease are the most common causes in the etiology of ischemic stroke. In conclusion, clinicians should be aware of cardiac myxoma that could be a cause of ischemic stroke.

Keywords: Stroke, heart disease, atrial myxoma, atrial fibrillation

PP 414

Oral anticoagulant-induced rectus sheath hematoma

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Objective: Rectus sheath hematoma is blood collection into the rectus sheath due to rupture of the rectus muscle fibers in the anterior abdominal rectus muscle or rupture of epigastric vessels. Usually trauma, abdominal surgery, subcutaneous injections of drugs, anticoagulant therapy, hematological diseases, severe cough, physical exercise and pregnancy is the underlying cause. It rarely occurs spontaneously. We presented two cases of spontaneous rectus sheath hematoma in patients using oral anticoagulant therapy.

Case 1: A 67 year-old woman admitted to ED with abdominal pain continued for 2 days. Had a history of atrial fibrillation for eight years and using warfarin 7.5mg/day. INR was 4.32 other laboratory results were normal. On physical examination, a mass extended from umbilicus to inguinal region which is 46 mm long, it is diagnosed as rectus hematoma by superficial tissue ultrasonography.

Case 2: A 74 year-old female patient was admitted to the emergency department with abdominal pain for 1 day. She had a history of atrial fibrillation for twelve years and using warfarin 5mg/day. INR was 3.91 other laboratory results were normal. On physical examination, a 10 cm mass extended from umbilicus in the right side of abdomen. 35 mm rectus hematoma was detected by superficial tissue USG.

Conclusion: Although rectus sheath hematoma is a rare case, it can cause acute abdomen which may cause unnecessary surgical intervention. The patient›s history such as use of anticoagulants, subcutaneous injections, severe cough, heavy physical examination and proper imaging techniques provide the correct diagnosis and prevent unnecessary surgical intervention. Most patients treated conservatively with resting, analgesia, fluid replacement, but also blood products transfusion could be required. Our cases are similar who were treated conservatively. We have to know the complications of warfarin therapy and inform the patients about these complications.

Keywords: Rectus sheath hematoma, spontaneous, oral anticoagulant

PP 415

Continuous renal replacement therapy for type 2 cardiorenal syndrome

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Objective: Type 2 cardiorenal syndrome (CRS) is a condition characterized by chronic heart failure that leads to chronic kidney disease. In diuretic resistant chronic heart failure cases, continuous renal replacement therapy (CRRT) may remove volume overload. We report the use of CRRT for type 2 cardiorenal syndrome.

Case: A 54 year old male patient having heart failure is presented. Three years ago, the patient was diagnosed as ischemic heart disease and was suggested to take coronary artery by-pass surgery. However, he rejected having the operation. In the last year, he underwent an amputation at the distal level of his right knee. He underwent appendectomy two months ago, and was transferred to the intensive care unit in the post-operative period, since he was suffering from sepsis and intro-abdominal abscess. Ecocardiography introduced that Ejection Fraction was 15%. At the same time acute kidney injury signs and symptoms were also present. He had abdominal distention, dyspnea, tachypnoea, tachycardia, general edema, jugular venous distension, agitation, cyanosis on lips and peripheral edges. Abdominal ultrasonoghraphy revealed that there was fluid between intro-abdominal organs. In the ascitic fluid taken by abdominal paracentesis, neither bacteria, nor malign cells were established. We presumed that the fluid in the abdominal cavity was caused by heart failure. We administered spironolactone treatment as a diuretic to remove the excess fluid caused by congestive heart failure. Fluid removal from the machine was set at zero initially, and the rate then adjusted based on our patient's fluids status and central venous pressure. CRRT was sustained for 96 hours without any complication. After starting CRRT, patient›s complaints were slightly reduced and his hemodynamic status became more stable.

Conclusions: We suggest that CRRT should be considered for the treatment of volume overload in patients with severe decompensated HF.

Keywords: Continuous renal replacement therapy, type 2 cardiorenal syndrome, heart failure

PP 417

Renal subcapsular hematoma induced by oral anticoagulant therapy

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Objective: Spontaneous subcapsular hematoma is very rare in anatomically capsulated organs. Renal subcapsular hematoma presents with no symptoms to life-threatening clinical condition. We presented a case of renal subcapsular hematoma induced by oral anticoagulant therapy.

Case: A 78 year-old male patient admitted to emergency department with hematuria and flank pain. She had a history of atrial fibrillation for twelve years and using warfarin 5mg/day. Blood pressure was 190/100 mmHg, laboratory examination was unremarkable except for INR 3.42. Contrast-enhanced abdominal computed tomography revealed 13x19mm sized hyperdense subcapsular hematoma in the right kidney. Vitamin K 10mg im and 300 ml of fresh frozen plasma administered iv. Patient discharged after 3 days with decrease of the diameter of the hematoma to 5x7 mm.

Conclusion: Spontaneous renal subcapsular hematoma called Lenk›s triad characterized by acute pain, flank mass, and hypovolemic shock. However, clinical symptoms are often nonspecific. This is a rare clinical condition; the most frequent causes are renal tumors, vasculitis, renal cysts, hydronephrosis, renal infections, and pre-eclampsia. In some of these cases as in our case, predisposing factors are uncontrolled hypertension or long-term anticoagulant therapy. Although, literature supports surgery (especially radical nephrectomy), in present years, publications are more common in conservative approach the follow-up of medical treatments and close monitoring of imaging techniques. Also our patients symptoms improved without surgery. In conclusion, conservative renal capsular hematoma could be seen in oral anticoagulant theraphy and it could be treated conservatively.

Keywords: Spontaneous, subcapsular renal hematoma, oral anticoagulant therapy, Lenk's triad

PP 418

Spontaneous resorption of epidural hematoma

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Objective: Acute epidural hematoma is a serious and severe clinical entity. Early diagnosis and surgical drainage is the standard treatment approach, but rarely, epidural hematomas could disappear spontaneously in less than 24 hours. Asymptomatic patients with normal neurological examination can be managed conservatively. In this article a spontaneous resolution of acute epidural hematoma is presented.

Case: A 32-year-old male patient was brought to the emergency department after falling. Two years ago, patient was operated due to epidural hematoma. Awareness of the patient was prone to fall asleep. GCS was 14. Computed brain tomography revealed linear fracture of the right occipital bone and the occipital lobe of the right cerebellar hemisphere and epidural hematoma that is 8.5 mm long at the thickest place. In control tomography at the forth hour, minimal resorption was observed. Patient was discharged after 24 hours with conservative management.

Conclusion: There are several theories related to spontaneously absorbed epidural hematomas. According to Lindenberg, Klinger and Scheideggers especially of chronic epidural hematomas are absorbed by fibrovascular neomembran. According to Ugarriza, between epidural hematoma and external adductor canal communication the resolution makes it possible to very early without symptomatic intracranial hypertension. Despite the resolution of these theories, hyperacute epidural hematoma is extremely rare. In our case, the cranium defect of the previous surgery may have prevented the increase in intracranial pressure and unnecessary surgery.

Keywords: Epidural hematoma, spontaneously absorbed, conservative management

PP 419

Prothrombin complex concentrate Treatment in diffuse alveolar hemorrhage due to warfarin overdose

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Objective: Diffuse alveolar hemorrhage (DAH) is excessive intraalveolar hemorrhage of small vessels due to from heavy damage of alveolocapiller membrane. Although it is rare, it is acruical clinicopathologic entity. DAH could be seen due to congenital or acquired disorders affecting the coagulation system inhalation of toxic substances and infections.

Case: 67-years old male admitted to emergency department dyspnea, cough, and hemoptysis. The patient uses warfarin 5mg/day for atrial fibrillation for five years. On physical examination, lung sounds were degreased bilaterally. Chest X-ray and chest computed tomography revealed diffuse alveolar hemorrhage. INR was 6.5. For this reason, prothrombin complex concentrate (PCC) 20 IU/kg and vitamin K 10 mg administered intravenously. After 20 minutes the INR value was 1.1. Patient was discharged at 10th day of admission.

Conclusion: DAH is a rare complication of warfarin therapy. Mortality rates vary according to the DAH etiology and its treatment. As a result, when a patient admitted to the emergency department, DAH should be thought in differential diagnosis.

Keywords: Prothrombin complex concentrate, warfarin overdose, diffuse alveolar hemorrhage

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Serum S100B, HSP 70 and Neuron Specific Enolase Levels in Patients with Isolated Head Trauma

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Objective: Head trauma is a common reason for death and disability at the early period of life. It is fourth leading cause of death and it accompanies to 50% of all trauma-related deaths. In the present study, it was aimed to determine how did serum NSE, S100B and HSP 70 levels alter and effectiveness of these parameters in predicting prognosis in patients diagnosed as head trauma with intracranial hemorrhage.

Materials-Methods: The study included 50 patients diagnosed as isolated head trauma at emergency department and 50 healthy individuals. For serum S100B, HSP 70 and NSE measurements, blood samples were drawn at presentation and on the day 5 after admission. These parameters were measured by using ELISA method. Glasgow Coma Scale and Modified Rankin Scale were calculated in all patients.

Results: The serum NSE, S100B and HSP70 levels measured at presentation (49,62±12,4ng/ml, 1,19±0,14µg/L, 5,05±1,77 respectively) and on the day 5 after admission (34,97±9,38ng/ml, 0,73±0,11µg/L, 2,74±0,4ng/ml respectively) were found to be significantly higher in patients diagnosed as head trauma when compared to controls (22,07±10,12ng/ml, 0,09±0,04µg/L, 0,48±0,3ng/ml respectively). NSE, S100B and HSP levels at tended to decrease on the day 5. NSE, S100B and HSP 70 levels were found to be significantly higher in patients with fatal outcome than those in patients survived.

Conclusion: We think that serum NSE, S100B and HSP 70 levels could be used as markers to predict prognosis in patients with head trauma.

Keywords: Head, trauma, NSE, S100B, HSP70

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