

Hospital No. 97/8244  
NSU No. 47504

14 May 1997

**FINAL COMMENT - T F FANNIN MD FRCS - NEUROLOGICAL SURGEON**

**Robert Hamill**

This 25 year old man was transferred to the Intensive Care Unit, RVH under the care of the Neurosurgical Department at approximately 6.30 am on 27.4.97. It would appear that he had been assaulted some time earlier and was admitted by ambulance to Craigavon Area Hospital at 2.45 am. It would appear that he had been assaulted by several people and it was thought that he had been either hit with a bottle or kicked about the head and face. His blood alcohol in the referring hospital was measured at 221.

On examination on admission he was deeply unconscious scoring 4/15 on the glasgow coma scale. His pupils were small but reacting and because of his diminished conscious level he was intubated and ventilated prior to transfer.

On examination he was chemically paralysed and ventilated. His pupils were of normal size, equal and reacting. There was evidence of bruising around the left temple. The following investigations were carried out: CT scan of the brain which showed soft tissue swelling in the scalp over the left temporo-parietal region and also over the right temporo-occipital region. No intracranial abnormality was detected. There was a suggestion of a mild degree of frontal lobe atrophy. Xray of the cervical spine to T1 was normal. Chest x-ray was satisfactory.

He was treated by means of ventilation and the following morning his sedation was stopped. It was noted that there appeared to be some purposeful movement of the limbs but he was extremely agitated with on occasions flexion of the limbs to pain. In general his movements were spastic and decerebrate. His pupils remained equal and he was noted to be sweating profusely with fluctuations in his pulse and blood pressure. It was thought that he was going through a stage of extreme cerebral irritation following a closed head injury.

He was transferred to the Neurosurgical Unit on 29.4.97 having been extubated. His glasgow coma scale was reckoned to be 6-7 and his oxygen saturation satisfactory at greater than 95. His pulse and blood pressure tended to fluctuate and he remained extremely restless with extensor spasms requiring sedation with Haloperidol. A further CT scan was performed but again there was no obvious focal abnormality.