

Relationship between the Course of the Disease and P300 of Patients with Closed Craniocerebral Trauma

**Zhao Xiangdong; Zhang Meilian; Zhou Bingling;
Zhu Wenhua**

Taixing People's Hospital, Jiangsu, PEOPLE'S
REPUBLIC OF CHINA

Purpose: To probe into the relationship between the course of disease and the P300 of patients with closed craniocerebral trauma, and investigate the optimum time for P300 assay.

Methods: We used the medicid-03E brain evoked potential instrument of the Neuronic Company. The latency and the amplitude of P300 evoked by visual images were recorded in 518 patients with closed craniocerebral trauma. The findings from 385 abnormal cases were compared with those of 214 normal subjects and compared with the P300 during different conditions of injury and different times after injury.

Results: We found that the P300 latency in patient group was significantly prolonged as compared with the control group ($p < 0.001$), and the amplitude was significantly decreased ($p < 0.01$). The change of P300 was significant from 25h to 28h after injury, especially in patients with idiopathic coma. The abnormal level of P300 improved with the passage of time.

Conclusions: Therefore, the changes of P300 might be taken as an objective index of measuring the changes of brain cognition in patients with closed craniocerebral trauma, particularly in the period between 25h to 28h after injury. Besides, we believed that the extent of recovery of the patient's brain recognition function relates to the change of the latency and amplitude of P300. This may be used as the changes of P300 were useful and helpful for judging patient's condition and prognosis.

Key words: amplitude; brain; coma; cognition; craniocerebral trauma; evoked potentials; head trauma; latency; P300
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**Experiences with Treatment of Double-sided,
Thoracic Traumatosis**

Zhao Yusong

Heilongjiang Hospital, Heilongjiang Harbin, PEOPLE'S
REPUBLIC OF CHINA

Introduction: From October 1983 to October 2000, we have treated 54 cases of double-sided thoracic traumatosis.

Methods: After examining the patients, eight cases underwent tracheal intubation, and 15 cases had a tracheotomy. Breathing was assisted by a ventilator in 14 patients, 14 patients had thoracic, closed water-seal drainage (one side or double sided), 6 cases received one-sided thoracotomy, and 16 cases underwent double-sided thoracotomy during the same period.

Results: Through our treatment, we found that double-sided thoracic traumatosis during the same term (especially obtuse traumatosis) can induce acutely and extensively, the injury of the ribs, respiratory muscles, lungs, or other organs, and can be complicated by the development of the

adult respiratory distress syndrome (ARDS). Therefore, the pivotal treatment of double-sided, thoracic traumatosis is setting up an airway as rapidly as possible with deep ventilation and improvement of anoxemia.

Conclusion: The analysis of 16 cases with double-sided thoracostomy indicated that an accurate diagnosis is very important. We can extend the range from which we select the operating indications to include those patients with open, penetrating traumatosis, and complicated with tracheal, esophageal cordis, and trauma to other organs. After the operation, ensuring a good ventilation condition is the key technique.

Key words: airway; intubation; thoracic traumatosis; thoracostomy; treatment; ventilatory support

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Duodenoendoscopy for Treatment of Acute Pancreatitis with Gallstones

Dr. Mingging Zhou

ZhaBei Central Hospital, Shanghai, CHINA

Objective: To evaluate the role of duodenoendoscopy in the diagnosis and treatment of acute pancreatitis with gallstones (AP).

Methods: Forty-five patients with AP were randomized into groups of endoscopic retrograde cholangiopancreatography (ERCP)(n = 20), and non-ERCP (n = 25). All patients were stratified further into mild and severe subgroups according to APACHE-II scores. All cases were given supportive treatment combined with traditional Chinese medicine. The patients in ERCP group received ERCP within 24 hours of admission. If stones were found, endoscopic sphincterotomy(ES) was performed to extract the stones by basket. In cases with multiple stones or if no stone could be immediately identified, endoscopic nasobiliary drainage (ENBD) was applied.

Results: In patients with severe AP, the morbidity, length of hospital stay and cost were significantly lower in ERCP-treatment subgroup than those without ERCP treatment (all $p < 0.05$).

Conclusion: It is practicable, effective, and safe to apply duodenoendoscopy for the treatment of severe AP with gallstones.

Key words: drainage; duodenoscopy; gallstones; pancreatitis, acute; sphincterotomy; traditional Chinese medicine; treatment

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Analysis of Patients with Traumatic Rupture of the Main Bronchus

Zhou Wenzhong

Shanxi Linfen People's Hospital, Shanxi Linfen,
PEOPLE'S REPUBLIC OF CHINA

We conducted a comprehensive, retrospective analysis of thirteen patients who suffered from traumatic main bronchus rupture, including their cure state. We concluded that the key of one stage cure relates to obtaining an exact