

Outcome of decompressive craniectomy in supratentorial large territory acute infarction

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ABSTRACT

Introduction: Ischaemic stroke is a major cause of mortality and morbidity in which it affects up to 795,000 people per year in United States. Decompressive craniectomy has been advocated for the management of acute malignant cerebral edema secondary to infarction. Zhao et al., Li et al. and DESTINY II studies have demonstrated significant reduction in mortality following decompressive craniectomy. The aim of this study is to determine the predictors of outcome based on Modified Rankin Scale at 3 months after decompressive craniectomy performed for patients with supratentorial large territory acute infarction in Hospital Sungai Buloh. **Materials and Methods:** This is a retrospective cohort study of 59 patients with supratentorial large territory acute infarction, admitted between February 2012 to December 2021. The data was retrieved from the electronic hospital information system. **Results:** There were 59 patients included in the study with 77% of male patients. Their ages ranges from 28 to 70 with a mean age of 56 years old. Forty nine patients (83.0%) underwent surgeries in less than 24 hours from brain imaging to surgery, while remaining patients in less than 48 hours. There were no significant associations found between gender, age, time from brain imaging to surgery and outcome at 3 months follow up. Those with presenting Glasgow Coma Scale (GCS) of <8 and anisocoria were associated with poor outcome at 3 months follow-up, with mortality rate of 57.7% ($p=0.010$) and 65.4% ($p=0.027$) respectively and were statistically significant in the univariate analyses. **Conclusion:** Decompressive craniectomy is a life-saving procedure for supratentorial large territory acute infarction. GCS score of <8 and anisocoria were associated with poor outcome following surgery.

Keywords: cerebral infarction, decompressive craniectomy

Review of discharge medications at a post COVID care clinic

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ABSTRACT

Introduction: Post COVID care clinic (PCCC) was started in Hospital Sungai Buloh in mid June 2020. Most category 4 and 5 COVID-19 patients would be discharged with a range of medications and will be followed up at PCCC. Some medication requires tapering doses might be burdensome to patients while adverse effects from some medication could also affect compliance. The aims of this study were to review patient clinical characteristics, medication adherence and treatment outcomes to discharge medications. **Materials and Methods:** A cross sectional study at the PCCC from April 1 to May 21, 2021 was conducted. Patients who attended PCCC and gave consent were included in the study. Assigned pharmacist approached the patient with the case report form and the Malaysia Medication Adherence Assessment Tool (MyMAAT) was self administered by the patient or caregiver. **Results:** A total of 128 patients were included in the study. Majority of patients seen were with co- morbidity hypertension and diabetes. Complications of COVID-19 reported were mostly organizing pneumonia (90%) and pulmonary embolism (43%). Most patients (91%) discharged with at least one medication and anti-inflammatory was the most commonly prescribed (93%). Oral prednisolone and dexamethasone were prescribed over several days to weeks in the treatment of organizing pneumonia. Patients on anti- inflammatory reported the highest adverse drug reactions (93%). Overall adherence to discharge medications in the PCCC was good (76%). However, there could be potential for under-reporting of side effects experiences for one or more of discharge medications as a result of completed treatment. **Conclusion:** This was the first study done specifically to review the discharge medications in a PCCC. Good adherence was shown despite several adverse drug effects reported by post COVID-19 patients.

Keywords: PCCC, post COVID-19, medication adherence