# THE VALUE OF EARLY GLASGOW COMA SCALE AND PUPILS CHANGES ON OUTCOME IN TRAUMATIC BRAIN INJURED PATIENTS.

S.M. Colombo<sup>\*</sup>, A. Vargiolu<sup>°</sup>, M.G. Abate<sup>°</sup>, <u>P.C. Volpi</u><sup>\*</sup>, E.M.A. Mantovani<sup>\*</sup>, L. Beretta<sup>#</sup>, N. Stocchetti<sup>§</sup>, G. Citerio<sup>\*,°</sup>.

\*School of Medicine and Surgery, University of Milan–Bicocca, Milan, Italy; <sup>°</sup>Neurointensive Care, Department of Emergency and Intensive Care, San Gerardo Hospital, Monza, Italy; <sup>#</sup>Neurointensive Care IRCCS Ospedale San Raffaele, Milan; <sup>§</sup>Neurointensive Care Fondazione IRCCS Ca' Granda Ospedale Maggiore Policlinico, Milan.

## Introduction

Low Glasgow Coma Scale (GCS) score and early neuroworsening after traumatic brain injury (TBI) are associated with poorer outcome.

## **Objectives**

To examine the influence of early trajectories (deterioration vs. improvement) on 6-months outcome after TBI.

## Materials and Methods

Multicenter data from 2261 patients admitted in 3 NeuroIntensive Care Units (NICU) were prospectively collected from 1997 until 2012. Detailed prehospital, hospital admission and outcome data have been analyzed. Lost to follow up and "mistakenly severe"<sup>1</sup> patients have been excluded from the database leaving 1950 patients available for statistical analysis. We explored the association between the initial motor GCS, pupils reactivity and their changes until admission and dichotomized outcome (Glasgow Outcome Scale (GOS); favorable = 4-5; unfavorable = 1-3). We also described CT scan findings and need of urgent neurosurgery in neuroimproved (GCSm  $\geq 2$  points and/or normalization of pupils), neuroworsened (GCSm  $\leq 2$  points and/or pathological variation of pupils) and stable course (GCSm  $\pm 1$  point and no variation of pupils).

#### Results

Results are resumed in the two tables below.

|                       |          | OUTO       |              |         |
|-----------------------|----------|------------|--------------|---------|
|                       | Course   | Fav (N, %) | Unfav (N, %) | p value |
| GCSm                  | Improved | 188 (53.1) | 166 (46.9)   |         |
|                       | Stable   | 701 (51.8) | 652 (48.2)   | 0.0116  |
|                       | Worsened | 106 (43.6) | 137 (56.4)   |         |
| Pupils                | Improved | 52 (45.6)  | 62 (54.4)    |         |
|                       | Stable   | 827 (52.7) | 741 (47.3)   | 0.0433  |
|                       | Worsened | 72 (41.8)  | 100 (58.2)   |         |
| Neurological<br>state | Improved | 225 (52.3) | 205 (47.7)   |         |
|                       | Stable   | 618 (52.6) | 557 (47.4)   | 0.0170  |
|                       | Worsened | 152 (44)   | 193 (56)     |         |

**Table 1.** Trajectories of GCS and pupilscompared to outcome

|                |            | CLINICAL NEUROLOGICAL TRAJECTORIES |             |             |          |
|----------------|------------|------------------------------------|-------------|-------------|----------|
|                | Categories | Impr (N, %)                        | Stab (N, %) | Wors (N, %) | p value  |
| CT<br>Marshall | 1 - 4      | 240 (55.8)                         | 584 (49.7)  | 105 (31.9)  | < 0.0001 |
|                | 5 - 6      | 190 (44.2)                         | 591 (50.3)  | 240 (68.1)  |          |
| Neurosurgery   | Yes        | 138 (36.1)                         | 451 (42.4)  | 193 (60.3)  | < 0.0001 |
|                | No         | 244 (63.9)                         | 613 (57.6)  | 127 (39.7)  |          |
| Age            | 0 - 29     | 153 (38.2)                         | 364 (34.6)  | 91 (29.4)   |          |
|                | 29 - 54    | 140 (35.0)                         | 320 (30.5)  | 80 (25.9)   | < 0.0001 |
|                | 54 - 94    | 107 (26.8)                         | 366 (34.9)  | 138 (44.7)  |          |

**Table 2.** Characteristics of population comparedto Clinical Neurological trajectories

#### Discussion

Early trajectories of neurological state are associated with 6-months outcome.

<sup>1</sup>Stocchetti et al. J Neurotruma (2004); 21(9): 1131-1140