



## Traumatic Brain Hemorrhages are Common in People who have Died from Brain Death

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### ABSTRACT

The most common type of hemorrhagic event in these situations, head traumatic intracranial hemorrhage, can assist us forecast the potential of the emergence of a vegetative state given the large burden of brain death and its primary cause in emergency clinical settings. The most common cerebral hemorrhage types among patients who were brain dead were Subarachnoid (SAH) and Subdural (SDH), accounting for 45.7% and 40%, respectively. Midline shift and edema were both caused by hemorrhagic episodes in 12.9% and 14.3% of patients, respectively. According to this study, subarachnoid and subdural hemorrhages are the most common types of cerebral hemorrhages among patients who have suffered head trauma and died from their injuries.

**Keywords:** Brain Hemorrhages, Death

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### INTRODUCTION

Traumatic brain injuries are a recurrent problem in emergency rooms. Concern has been raised about cerebral bleeding incidents and the problems that follow, among which brain death is the end of the clinical scenario. However, 70% to 80% of head injuries are benign, causing no harm to the brain or its function, and they resolve naturally with conservative measures.

Due to its rising prevalence in recent years, head trauma is concerning and more common in patients aged 21 to 30. Epidural Hemorrhage (EDH), Subdural Hemorrhage (SDH), Subarachnoid Hemorrhage (SAH), and intraventricular hemorrhage are only a few of the different types of Intracranial Hemorrhages (IVH). The clinical prognosis of head traumatic hemorrhagic lesions can potentially be made worse by contusion or midline shift. The Glasgow Coma Scale (GCS) and a brain CT scan are performed on the patient to determine the type of hemorrhage. The early detection and necessary therapies according to the kind of cranial hemorrhage determine the clinical outcome and final prognosis when taking into account the peculiar consequences resulting from traumatic brain injury on patients. It would be adequate if the frequency of brain death, the final stage of brain injury, decreased. Unfortunately, there aren't enough reports on the many cranial hemorrhages that cause brain death in head injury victims. Here, we have evaluated the frequency of various cerebral hemorrhages in head trauma patients that have resulted in brain death. A serious consequence that could arise from cerebral hemorrhagic episodes is edema. Compared to SAH patients, SDH participants showed a greater incidence of cerebral edema.

The diagnosis of brain death is defined under the Uniform Determination of Death Act (UDDA) guidelines as an irreversible loss of brain function brought on by whole-brain injuries. Loss of responsiveness, inability to move, and other signs of brain death are examined at the bedside to confirm.

Confirmation of the patient's comatose condition by brain stem reflexes. It should be remembered that before a diagnosis of brain death is made, sedative drug use, hypothermia, hypotension, or metabolic abnormalities must first be dismissed or rectified.

The brain stem's ability to recognize the absence of respiratory drive is evaluated by an apnea test.

Head severe intracranial hemorrhage is the most frequent type of hemorrhagic event in these situations, bearing a substantial weight of brain death and serving as its primary cause in emergency clinical settings. The most frequent cerebral hemorrhagic episodes in brain death victims, according to this study, are SAH and SDH, with varied incidence rates of consequences. It will enable us to forecast the potential emergence of a vegetative state as a result.