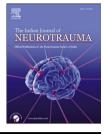


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Letter to the Editor Fatal road traffic cranio-cerebral injuries: Time to act and need to study

Dear Sir,

It is well known that road traffic injuries is a global public health problem and a major cause of morbidity and mortality with disproportionate number occurring in developing counties, necessitating an in-depth analysis of fatal head injuries in road traffic accidents as many of these deaths can be potentially preventable.^{1–8} Although many studies conclude that road traffic accidents are one of the most common cause of fatal cranio-cerebral injuries and fatal outcome,^{4,9–11} other associated injuries particularly thoracoabdominal and the musculo-skeletal injuries can significantly contribute and add to the fatality.^{4,9,12} In many studies it has been concluded that intracranial hemorrhage (particularly subdural hemorrhage) is the most common finding.^{13–15}

Most of the studies from India and many other countries have shown that overwhelming majority of the fatal craniocerebral injuries involve male population^{4,5,16-19} at their most productive age group.^{4,5,12,17–21} Greater male traffic exposure is the principle explanation for this and also the younger age group is the active phase of life both physically and socially, outnumbering the other road users.^{4,5,14} Motorcycles make up fewer of all registered vehicles and accounts for lesser vehicle miles traveled in developing countries; however, per vehicle mile, motorcyclists are many more times to sustain fatal cranio-cerebral injuries in a traffic crash.^{22–28} In spite of the good evidence that laws enforcing increased wearing of motorcycle helmets as an effective public health policy and may be responsible for saving many lives and preventing or reducing the severity of motorcycle-related head injuries,^{22-24,26-34} there is still need to implement these measures more effectively.

Trimodal pattern of mortality has been identified after the injury where the first peak occurs immediately after the injury (within seconds or minutes of injury, owing to overwhelming injury to the brain, heart, or great vessels; death was inevitable and unavoidable) and the second peak occurs in the first few hours after injury in about a third of cases; brain injuries and hemorrhage are the principal causes.³⁵ In a study of 1000 deaths from injury in England and Wales, it was shown that many of the deaths in hospital might have been prevented.³⁶ In patients who die because of potentially treatable head injuries who die before they reach hospital the usual cause of death is airway obstruction causing acute hypoxia.37-39 Airway patency may be compromised by loss of gag reflex in

comatose patients and the subsequent aspiration of blood or gastric contents.^{38,39} Because of internal bleeding, victims may exsanguinate and die before they reach hospital.⁴⁰ If large number of public and health care personnel are aware and optimally trained in basic resuscitation techniques, first aid and pre-hospital care many lives can be saved.36,40-44 Injury sustained by the occupants of a motor vehicle may involve the driver, front seat or back seat passengers⁴⁵ and it has been well recognized that the use of safety equipment like seatbelt, headrest, collapsible steering or airbags by passengers may modify many of the injuries.45

To prevent fatal cranio-cerebral injuries in road traffic accidents there is a need for an organized team work and multidimensional approach that should be supported by experts in multiple disciplines like education, engineering, medical, law enforcement agencies for effective prevention of road accidents and optimal public awareness. What is apparent from the available literature is that the road traffic accidents are most, common, head injuries are most common, younger males at greatest risk and systemic injuries contribute to fatalities. The wearing of helmets will prevent fatal cranio-cerebral injuries in motorcycle accidents. There is a need for organized team work and multidimensional approach supported by experts in multiple disciplines including education, engineering, medical and law enforcement agencies for effective prevention of road accidents and optimal public awareness. Further, there is a need to emphasize the importance of urban planning to reduce the need for motorized travel. This is the time to go forward with the available evidence and to take measures to reduce fatal injuries in developing countries.

REFERENCES

- 1. Murray CJ, Lopez AD. Evidence-based health policy lessons from the Global Burden of Disease Study. Science. 1996;274: 740-743
- 2. Adeloye A, Olumide AA, Obiang HM. Acute head injuries in children in Ibadan, Nigeria. Childs Nerv Syst. 1986;2:309-313.
- 3. Nantulya VM, Reich MR. The neglected epidemic: road traffic injuries in developing countries. BMJ. 2002;324:1139-1141.
- 4. Sharma BR, Harish D, Sharma V, Vij K. Road-traffic accidents a demographic and topographic analysis. Med Sci Law. 2001;41: 266 - 274.

- Kumar A, Lalwani S, Agrawal D, Rautji R, Dogra TD. Fatal road traffic accidents and their relationship with head injuries: an epidemiological survey of five years. *Indian J Neurotrauma* (IJNT). 2008;5:63–67.
- Henderson VW. Outcome prediction after severe closed head injury in adults. Bull Clin Neurosci. 1987;52:47–63.
- 7. Marshall LF, Gautille T, Klauber MR, et al. The outcome of severe closed head injury. J Neurosurg. 1991;75:S28–S36.
- 8. Jain S, Dharap SB, Gore MA. Early prediction of outcome in very severe closed head injury. *Injury*. 2008;39:598–603.
- Aggarwal KK, Oberoi SS. Pattern and distribution of injuries in fatal road traffic accident cases. J Punjab Acad Forensic Med Toxicol. 2009;9:9–11.
- Friedman R, Harris JP, Sitzer M, Schaff HB, Marshall L, Shackford S. Injuries related to all-terrain vehicular accidents: a closer look at head and neck trauma. *Laryngoscope*. 1988;98:1251–1254.
- 11. Montazeri A. Road-traffic-related mortality in Iran: a descriptive study. Public Health. 2004;118:110–113.
- Baethmann A, Lehr D, Wirth A. Prospective analysis of patient management in severe head injury. Acta Neurochir Suppl. 1998; 71:107–110.
- Menon A, Pai VK, Rajeev A. Pattern of fatal head injuries due to vehicular accidents in Mangalore. J Forensic Leg Med. 2008; 15:75–77.
- Akang EE, Kuti MA, Osunkoya AO, et al. Pattern of fatal head injuries in Ibadan – a 10 year review. Med Sci Law. 2002;42: 160–166.
- Freytag E. Autopsy findings in head injuries from blunt forces. Statistical evaluation of 1,367 cases. Arch Pathol. 1963;75: 402–413.
- Sahdev P, Lacqua MJ, Singh B, Dogra TD. Road traffic fatalities in Delhi: causes, injury patterns, and incidence of preventable deaths. Accid Anal Prev. 1994;26:377–384.
- 17. Salgado MS, Colombage SM. Analysis of fatalities in road accidents. Forensic Sci Int. 1988;36:91–96.
- Friedman Z, Kugel C, Hiss J, Marganit B, Stein M, Shapira SC. The Abbreviated Injury Scale. A valuable tool for forensic documentation of trauma. Am J Forensic Med Pathol. 1996;17: 233–238.
- Jha N, Agrawal CS. Epidemiological study of road traffic accident cases: a study from Eastern Nepal. Regional Health Forum WHO South-East Asia Region. 2004;8:15–22.
- Chandra J, Dogra TD, Dikshit PC. Pattern of craniointracranial injuries in fatal vehicular accidents in Delhi, 1966–76. Med Sci Law. 1979;19:186–194.
- Meel BL. Trends in fatal motor vehicle accidents in Transkei region of South Africa. Med Sci Law. 2007;47:64–68.
- Conrad P, Bradshaw YS, Lamsudin R, Kasniyah N, Costello C. Helmets, injuries and cultural definitions: motorcycle injury in urban Indonesia. Accid Anal Prev. 1996;28:193–200.
- Gopalakrishna G, Peek-Asa C, Kraus JF. Epidemiologic features of facial injuries among motorcyclists. Ann Emerg Med. 1998;32:425–430.
- Heilman DR, Weisbuch JB, Blair RW, Graf LL. Motorcyclerelated trauma and helmet usage in North Dakota. Ann Emerg Med. 1982;11:659–664.
- Luna GK, Copass MK, Oreskovich MR, Carrico CJ. The role of helmets in reducing head injuries from motorcycle accidents: a political or medical issue? West J Med. 1981;135: 89–92.
- Nelson D, Sklar D, Skipper B, McFeeley PJ. Motorcycle fatalities in New Mexico: the association of helmet nonuse with alcohol intoxication. Ann Emerg Med. 1992;21:279–283.
- Peek-Asa C, Kraus JF. Estimates of injury impairment after acute traumatic injury in motorcycle crashes before and after passage of a mandatory helmet use law. Ann Emerg Med. 1997; 29:630–636.

- Auman KM, Kufera JA, Ballesteros MF, Smialek JE, Dischinger PC. Autopsy study of motorcyclist fatalities: the effect of the 1992 Maryland motorcycle helmet use law. Am J Public Health. 2002;92:1352–1355.
- Lloyd LE, Lauderdale M, Betz TG. Motorcycle deaths and injuries in Texas: helmets make a difference. *Tex Med.* 1987; 83:30–33.
- McSwain Jr NE, Belles A. Motorcycle helmets medical costs and the law. J Trauma. 1990;30:1189–1197 [discussion 1197–1189].
- Watson GS, Zador PL, Wilks A. The repeal of helmet use laws and increased motorcyclist mortality in the United States, 1975–1978. Am J Public Health. 1980;70:579–585.
- 32. Kraus JF, Peek C, McArthur DL, Williams A. The effect of the 1992 California motorcycle helmet use law on motorcycle crash fatalities and injuries. JAMA. 1994;272:1506–1511.
- Johnson RM, McCarthy MC, Miller SF, Peoples JB. Craniofacial trauma in injured motorcyclists: the impact of helmet usage. J Trauma. 1995;38:876–878.
- 34. Sarkar S, Peek C, Kraus JF. Fatal injuries in motorcycle riders according to helmet use. J Trauma. 1995;38:242–245.
- Gordon MW, Luke C, Robertson CE, Busuttil A. An audit of trauma deaths occurring in the accident and emergency department. Arch Emerg Med. 1989;6:107–115.
- Anderson ID, Woodford M, de Dombal FT, Irving M. Retrospective study of 1000 deaths from injury in England and Wales. Br Med J (Clin Res Ed). 1988;296:1305–1308.
- Trunkey D. Towards optimal trauma care. Arch Emerg Med. 1985;2:181–195.
- Baker SP, O'Neill B, Haddon Jr W, Long WB. The injury severity score: a method for describing patients with multiple injuries and evaluating emergency care. J Trauma. 1974;14:187–196.
- 39. Yates DW. Airway patency in fatal accidents. Br Med J. 1977;2: 1249–1251.
- Cobb LA, Werner JA, Trobaugh GB. Sudden cardiac death. I. A decade's experience with out-of-hospital resuscitation. Mod Concepts Cardiovasc Dis. 1980;49:31–36.
- 41. Hussain LM, Redmond AD. Are pre-hospital deaths from accidental injury preventable? BMJ. 1994;308:1077–1080.
- 42. Limb D, McGowan A, Fairfield JE, Pigott TJ. Prehospital deaths in the Yorkshire health region. J Accid Emerg Med. 1996;13: 248–250.
- 43. Aprahamian C, Thompson BM, Towne JB, Darin JC. The effect of a paramedic system on mortality of major open intraabdominal vascular trauma. J Trauma. 1983;23:687–690.
- Baxt WG, Moody P. The impact of a physician as part of the aeromedical prehospital team in patients with blunt trauma. JAMA. 1987;257:3246–3250.
- Nzegwu MA, Banjo AA, Akhiwu W, Aligbe JU, Nzegwu CO. Morbidity and mortality among road users in Benin-City, Nigeria. Ann Afr Med. 2008;7:102–106.

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