Erratum

Correction: Alagoz F, Yildirim AE, Sahinoglu M, Korkmaz M, Secer M, Celik H, Yel C, Guvenc Y, Uckun OM, Narin F, Daglioglu E, Belen AD. Traumatic Acute Subdural Hematomas: Analysis of Outcomes and Predictive Factors at a Single Center. Turk Neurosurg 2017; 27(2):187-191

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In this article, the aim section of the abstract was incorrectly written in the printed version of this article. The abstract should be corrected as;

AIM: In the present study, we evaluated the association of the Glasgow Coma Scale (GCS) score and amount of blood loss with mortality in patients presenting with traumatic acute subdural hematoma (ASDH).

MATERIAL and METHODS: This retrospective study was performed on 99 patients who were operated for traumatic acute subdural hematoma (ASDH) without any systemic association at a single center. Epidural hematoma was reported to be the most common additional pathology. Age, sex, mechanism of trauma, time interval between onset of trauma and admission to the emergency ward, associated problems, thickness of hematoma and Glasgow Coma Scale (GCS) score at the time of admission and on discharge were all studied.

RESULTS: The GCS score was inversely proportional to the thickness of hematoma and interval between onset of trauma and surgery (p<0.05). Although the mortality rate was reported to be high in traffic accidents, the rate was low in patients with head trauma only (p<0.05). The mortality rate was high in patients with associated pathologies (p<0.05). Lost patients were reported to be older patients with more extensive ASDH or those who presented earlier with a low GCS (p<0.05).

CONCLUSION: ASDH is associated with high mortality. GCS score and the thickness of the ASDH are important predictors of mortality. Age, additional trauma, and interval between trauma and hospital admission are major predictive factors for mortality.

The error detailed in this erratum has been corrected in the online issue of Turkish Neurosurgery.

The publisher regrets this error.