Minor Head Trauma CT Disputed in Hemophilia

BY BRUCE JANCIN

NEW ORLEANS — The common practice of ordering a screening head CT scan in hemophiliac children with minor head trauma and a normal neurologic exam has a vanishingly low yield and may be counterproductive, a study suggests.

Many physicians order a head CT almost reflexively in this situation, to rule out intracranial hemorrhage. But for patients who experience multiple episodes of minor head trauma during childhood, radiation exposure from multiple head CTs quickly adds up, Dr. James Winslow said at the annual meeting of the Society for Academic Emergency Medicine.

In a single-center retrospective study, 21 children with hemophilia (aged 4 months to 10 years) collectively had 72 emergency department visits for minor head trauma, resulting in 59 head CT scans. Five children received at least five head CTs. Twelve head CTs were done in children younger than 1 year who presented with normal neurologic findings, said Dr. Winslow of Wake Forest University, Winston-Salem, N.C.

The mean number of ED visits for evaluation of head trauma in the 21 children was 3.4; the mean number of head CT scans was 2.9. That means nearly every ED visit resulted in a head CT. Only 1 of the 59 head CTs was positive, and that was in a child who shouldn't have been included because he had altered mental status and dehydration, Dr. Winslow said.

One audience member called this single-center investigation a proof of concept study. With the limited size of the patient sample, he said, it's statistically possible that minor head trauma in children with hemophilia is associated with an intracranial hemorrhage rate of up to 5%-7%. ■

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