



STITCH (Trauma) NEWSLETTER



Surgical Trial in Traumatic Intracerebral Haemorrhage

Autumn 2009 Issue 1

Centres who have expressed an interest in the trial:

China

Beijing Tiantan Hospital
Prince of Wales Hospital, Hong Kong

Czech Republic

University Hospital, Brno

Egypt

Mansoura International Hospital

Germany

Klinikum St Marien, Amberg
Saarland University Hospital, Homburg

Greece

Evangelismos Hospital, Athens

Hungary

Borsod Hospital, Miskolc
University of Pecs

India

Acharya Vinoba Bhave Rural Hospital
Care Hospital, Visakhapatnam
Christian Medical Hospital, Ludhiana
Fortis Group of Hospitals, Noida
Fortis Malar Hospital, Chennai
Kamineni Hospitals, Hyderabad

Israel

Rambam Medical Centre, Haifa

Latvia

Clinical Hospitals Gailezers, Riga
Pauls Stradins University Hospital, Riga

Lithuania

Klaipeda Hospital

Nepal

Neuro Hospital, Biratnagar

Poland

Warsaw Voivodeship Hospital

Romania

Cluj-Napoca Hospital

Spain

Marques de Valdecilla, Santander
Valladolid Hospital

UK

Hurstwood Park, Brighton Hospital
Ninewells Hospital, Dundee
Southampton General Hospital
University College London

Ukraine

Vinnitsa National Medical University

USA

Albany Medical College
Temple University Hospital

Centres able to recruit patients:

UK

Newcastle General Hospital

**To express interest in the trial please contact us at:
trauma.stitch@ncl.ac.uk.**

The STITCH (Trauma) Trial is live!

Intracranial Haemorrhage occurs in more than 60% of head injuries and can be classified into 3 categories: extradural (EDH), subdural (SDH) and intraparenchymal (TICH). Prompt surgical removal of significant SDH and EDH is of established and widely accepted value. TICH is more common however, and found in more than 40% of severe head injuries. It is clearly associated with a worse outcome but the role of surgical removal remains undefined.

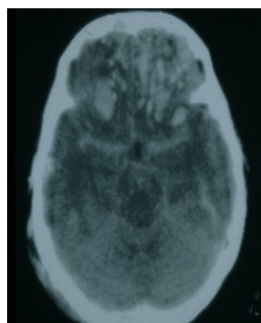
Surgical practice in the treatment of TICH differs widely around the world. The aim of early surgery for TICH removal is to prevent secondary brain injury. There have been trials of surgery for spontaneous ICH (including the ongoing MRC funded STICH II trial) but none, so far, of surgery for TICH.

The National Institute of Health Research, Health Technology Assessment Programme in the UK, has provided funding for the STITCH (Trauma) study to determine whether a policy of early surgery in patients with TICH improves outcome compared to a policy of initial conservative treatment. It will include a health economics component and will carry out a subgroup analysis of patients undergoing invasive monitoring.

INCLUSION CRITERIA

- Adults aged 14 or over
- Evidence of 1 or 2 TICHs or contusions with a confluent volume of attenuation significantly raised above that of the background white and grey matter that has a total volume greater than 10mls (calculated by width x height x length / 2 in cm).
- Within 24 hours of head injury.
- Clinical equipoise: only patients for whom the responsible neurosurgeon is uncertain about the benefits of either treatment are eligible.

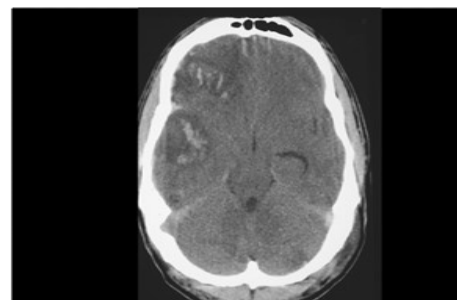
Examples are shown below of scans that are suitable for the trial.



EXCLUSION CRITERIA

- A significant surface haematoma (EDH or SDH) requiring surgery.
- Three or more separate haematomas fulfilling inclusion criteria.
- If surgery cannot be performed within 12 hours of randomisation.
- Severe pre-existing physical or mental disability or severe co-morbidity which would lead to a poor outcome even if the patient made a full recovery from the head injury.
- Permanent residence outside a study country preventing follow up.
- Patient and/or relative has a strong preference for one treatment modality.

The example below is an unsuitable scan. It is too small for STITCH (Trauma) (fronto-temporal contusions with no single lesion bigger than 10ml).



STITCH (Trauma) Team contact information

The STITCH (Trauma) Team:

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STITCH (Trauma) is co-ordinated by the Academic Department of Neurosurgery, Newcastle General Hospital, Westgate Road, Newcastle upon Tyne, NE4 6BE UK

Randomisation Service Number: +44 (0) 1224 551 261 Available 24 hours