Department of Surgery
2026 Research Day
6th May 2026 (Wednesday) | 7 am – Noon | MART Auditorium

Title: Ruptured Primary Mycotic Abdominal Aortic Aneurysms: A Case Series

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Background:
Anti-coagulant and/or anti-platelet (AC/AP) therapy may confer an added risk of intracranial hemorrhage following trauma, but there is some controversy on whether older adult blunt trauma patients on AC/AP require repeat head CT.

Methods:
We queried the trauma registry of an ACS verified Level 1 Adult Trauma Center for geriatric blunt trauma hospitalizations from 2022 to 2023 with ICH and divided patients based on the detection of ICH on index or delayed CT scan. In those where ICH was noted only on delayed CT report, CT images were reviewed separately by trauma and neuroradiology faculty to determine whether ICH was visible on index CT in retrospect.

Results (or Preliminary Results):
The two groups (350 with ICH on index and 32 on delayed CT) did not differ in presenting demographics. Twenty-six patients with ICH found on delayed CT were on AC/APs, 2 required neurosurgical intervention, and 1 expired. All 32 had changes in management: admission, upgrade to higher level of care, anti-epileptic administration, and/or AC/AP changes. Five initial CT scans were recategorized as having ICH during admission. Following neuroradiology re-review, 17 had ICH detectable on index CT imaging, 14 had de novo ICH, and 1 patient had ICH not detectable on either study.

Conclusions (or Preliminary Conclusions):
Thirty-two (8.4%) patients with ICH were identified only following delayed head CT during hospitalization, with nearly ½ being de novo ICH. 81% of 32 were on preadmission AC/AP. Given that all changed clinical management, AC/AP treatment appears to be an important risk factor for delayed identification of traumatic ICH.