

Traumatic brain injury rare for children with isolated vomiting

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(HealthDay)—Children presenting with head injury with isolated

vomiting rarely have clinically important traumatic brain injury (ci-TBI) or traumatic brain injury on computed tomography (TBI-CT), according to a study published online March 29 in *Pediatrics*.

Meredith L. Borland, M.B.B.S., from the Princess Margaret Hospital for Children in Perth, Australia, and colleagues examined the prevalence of traumatic brain injuries in children who vomit after head injury. The characteristics of vomiting were assessed and correlated with [clinical decision](#) rule predictors and the presence of ci-TBI or TBI-CT.

The researchers found that 17.0 percent of the 19,920 children enrolled had any vomiting, with 72.2 percent aged older than 2 years. Overall, 44.2 percent of the 172 patients with ci-TBI and 43.2 percent of the 285 with TBI-CT had vomiting. With isolated vomiting, only one and two had ci-TBI and TBI-CT, respectively (0.3 and 0.6 percent, respectively). Using multivariate regression, predictors of increased ci-TBI risk with vomiting included signs of skull fracture, altered mental status, headache, and acting abnormally (odds ratios, 80.1, 2.4, 2.3, and 1.86, respectively). Additional features that predicted TBI-CT included skull fracture, nonaccidental injury concern, headache, and acting abnormally (odds ratios, 112.96, 6.75, 2.55, and 1.83, respectively).

"TBI-CT and ci-TBI are uncommon in children presenting with head injury with isolated vomiting, and a management strategy of observation without immediate [computed tomography](#) appears appropriate," the authors write.

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