



**SEXTO CONGRESO NACIONAL**  
"TÓPICOS SELECTOS DE NEUROCIRUGÍA"

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**"TÓPICOS SELECTOS DE NEUROCIRUGÍA" 2026**

**Acapulco, Guerrero.**  
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Con el propósito de contar con la información correcta para elaborar las constancias, escriba por favor los nombres completos de todos los autores del trabajo [nombre(s) y apellidos paterno y materno, separados cada uno de los autores con una coma].

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**TRABAJO QUE SERÁ PRESENTADO POR**

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Para la aceptación y programación definitiva del trabajo el autor que lo presentará deberá estar ya inscrito al congreso y no podrá presentar más de 3 trabajos

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Cirugía Vascul ar Cerebral	Cirugía Endovascular Cerebral	Neuro-Trauma <b>X</b>	Neuro-Oncología:
Cirugía de Columna	Neurocirugía Pediátrica:	Cirugía de Base de Cráneo:	Cirugía Nervio Periférico:
Neurocirugía Funcional	Investigación:	Otra (especifique):	

**RESUMEN (500 palabras como máximo)**

**Título: Single vs. Double Burr Hole in Chronic Subdural Hematoma: A Prospective Study**

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**Abstract:**

A prospective, observational, and longitudinal study was conducted. Patients diagnosed with cSDH underwent drainage through either a single or double trephination. Data analysis was performed using SPSS v.25, utilizing Student’s t-tests for normally distributed quantitative variables and Mann-Whitney U tests for non-normal distributions. No significant differences were found in mean age or the incidence of postoperative pneumocephalus. The double-drainage group exhibited significantly higher preoperative volumes and higher median postoperative residual volumes. Despite these volumetric differences, no significant disparities were observed in the percentage of hematoma, midline shift regression, or Glasgow Coma Scale improvement. While reinterventions occurred only in the single trephine group, this trend did not reach statistical significance. Single burr hole trephination is a safe and effective surgical technique for cSDH.

**Introducción:** Trephine surgery is the standard procedure for treating chronic subdural hematoma. This surgery typically involves creating one or two burr holes in the skull. However, there is currently no definitive consensus on whether to use a single burr hole or two.

**Materiales y métodos:** This study is a prospective, observational, descriptive, and longitudinal analysis conducted on patients diagnosed with chronic subdural hematoma who underwent hematoma drainage either via single or double trephination at the neurosurgery service of the “Unidad Médica de Alta Especialidad H.E. No. 14, Centro Médico Nacional “Adolfo Ruiz Cortines”. Qualitative variables were expressed as frequencies or percentages, while quantitative variables were represented as means with standard deviations or medians with interquartile ranges.

For group comparisons, a Student's t-test was employed for normally distributed data, while the Mann-Whitney U test was used for non-normally distributed data. A p-value of <0.05 was considered statistically significant. Data analysis was performed using SPSS version 25.

Resultados: A total of thirty patients were analyzed, divided equally into two groups. No significant differences were observed in mean age ( $p = 0.210$ ) or in the incidence of postoperative pneumocephalus ( $p = 0.343$ ). The Double Drainage group had a significantly larger preoperative volume (103.13 ml) compared to the Single Trephine group (63.46 ml;  $p = 0.002$ ), as well as a larger postoperative residual volume (Median 11 ml vs. 3 ml;  $p = 0.004$ ). Despite these initial volumetric differences, there was no significant variation in the percentage of hematoma reduction (Double: 89% vs. Single: 94%;  $p = 0.627$ ), midline regression ( $p = 0.091$ ), or improvement in the Glasgow Coma Scale ( $p = 0.493$ ). The "separated" subtype of the Nakaguchi scale was predominant in both groups. The Single Trephine group was the only one to experience reinterventions (13.3% vs. 0%), but this difference did not achieve statistical significance ( $p = 0.483$ ).

Conclusion: Single burr hole resection is an effective and safe surgical technique. Being less invasive and resulting in a smaller postoperative residual volume, it is recommended as a first-line approach, particularly for patients with moderate initial hematoma volumes.

#### Bibliografía:

1. Omerhodžić I, Rovčanin B, Ećo I, Kudić B, Zahirović S, Džurlić A, et al. Comparison of outcomes and recurrence rates in patients undergoing single or double burr hole surgery for the treatment of chronic subdural hematoma in Bosnia and Herzegovina. *Brain Spine*. 2024;4:102863.
2. Roohollahi F, Kankam SB, Shafizadeh M, Khoshnevisan A. A prospective randomized controlled trial of the effect of the number of burr hole on chronic subdural hematoma recurrence: An institutional experience. *Clin Neurol Neurosurg*. 2023;226. Located at: Scopus. doi:10.1016/j.clineuro.2023.107624
3. Alghamdi AM, Takroni AA, Alotaibi AM, Alboqami RA, Ateeq OH, Alsayegh FF, et al. Single versus double burr holes craniostomy drainage for chronic subdural hematoma: A systematic review and meta-analysis of randomized clinical trials. *World Neurosurg X*. 2025 Oct 1;28:100495. doi:10.1016/j.wnsx.2025.100495

Título, Autores, Institución, Resumen, Abstract, Introducción, Materiales, Métodos, Resultados, Conclusiones y Bibliografía.
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