There are important disparities in the number of neurosurgeons around the World. Even in Asia we can have as much as 5 neurosurgeons/100000 inhab or as little as 0.09 /100000 inhab. The workforce is important particularly to deal with neurosurgical emergencies and trauma. A recent paper (Dewan et al JNS, 2018) showed over 40% of worldwide neurosurgical activity is dedicated to trauma care. Also in developed countries neurotrauma patients constitute over 20% (Japan) and from 15 to 35% (Europe) of neurosurgical activity. There are important differences in the epidemiology and management of TBI patients in different parts of the world. In Western countries (USA, Canada; Europe, Japan, Australia) the patients’ mean age is over 50 years, fall is the main cause of trauma, most patients have significant co-morbidities and the more frequent hematomas are contusions and chronic subdural hematomas. In developing countries where trauma is an endemic disease, patients’ mean age is ranging from 20 to 30 years, road traffic accidents are by far the most important cause of trauma and acute extradural and subdural hematomas are the most frequent lesions.

If we consider the most frequent surgical intervention in trauma (skull decompression) all the recent clinical trials (DECCRA and RESCUEicp) were conducted in high income countries. The results of the RESCUE icp trial shift in favour of a surgical approach only after 12 months from injury. How many countries can assist trauma patients for as long as twelve months?? A recent paper (Gupta D et al, World Neurosurg, 2016) compared mortality in two centers one in USA, Seattle, and one in India, New Delhi. In the presence of a good compliance to the guidelines from both Centers, the mortality on discharge was similar. In the absence of intensive rehabilitation, mortality significantly increased at follow up in India but not in the States where the patients received long term care.

More, In how many low/middle income countries decompressive surgery is a preventive measure to avoid follow up CT scans and long ICU stay?

In conclusion both epidemiology and surgical care of TBI are different in different areas of world. Improving care of our patients means understand differences and take care of them....