

Expecting the unexpected; Walk-in chronic subdural hematomas

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Background:

A subdural hematoma is a collection of blood between the dura matter and arahnoid membrane. It is the most frequently encountered intracranial post traumatic injury.

In general acute subdural hematomas are those found in the first 72 hours and have a higher density than the brain on a CT (*fig. 1*) while subacute hematomas are usually found 3-7 days after traumatic events (*fig. 2*)

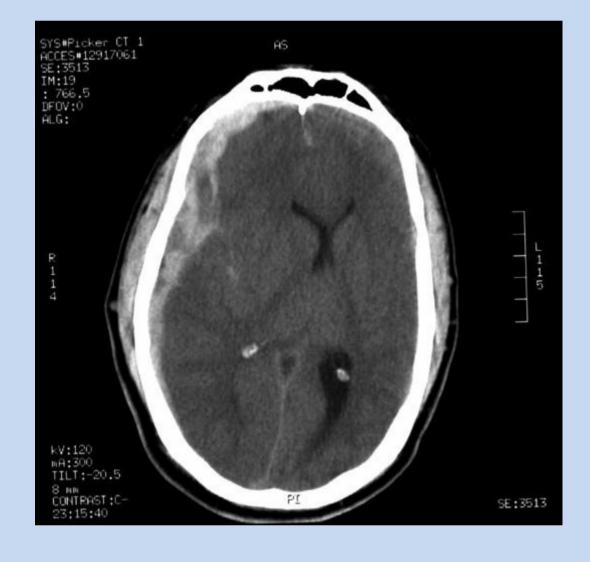


fig.

Chronic subdural hematomas develope over weeks and on a CT appear as areas less dense than the brain itself (fig. 3) this presentation compares 2 different cases, both walk in presentations of chronic subdural hematomas. The traumatic mechanism varied and period of time since the traumatic event varied, as did the clinical presentation. Both cases were unexpected diagnoses of chronic subdural hematomas.

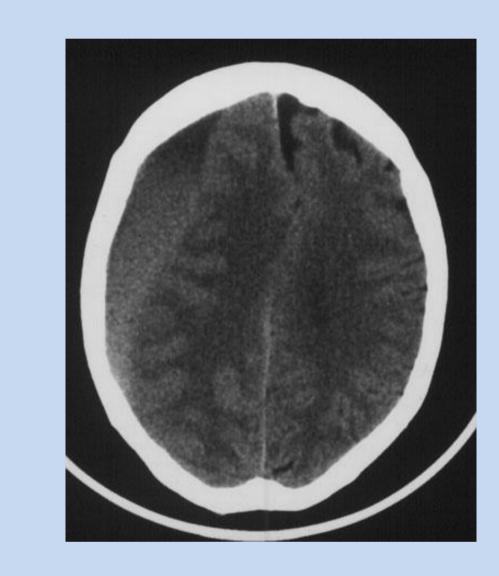


fig. 2

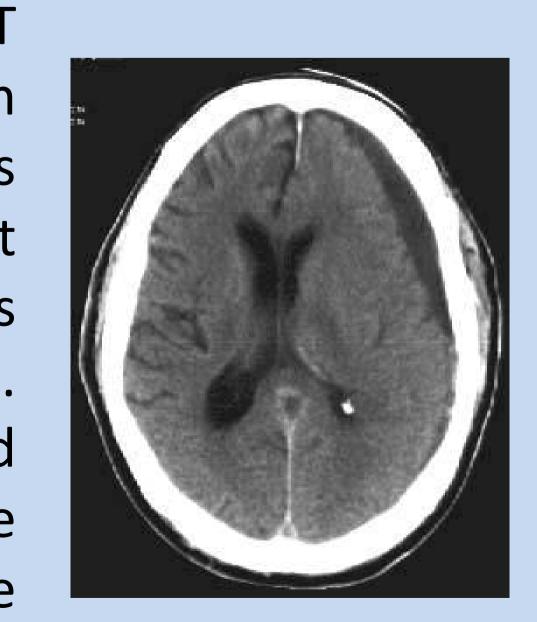


fig. 3

Patient A

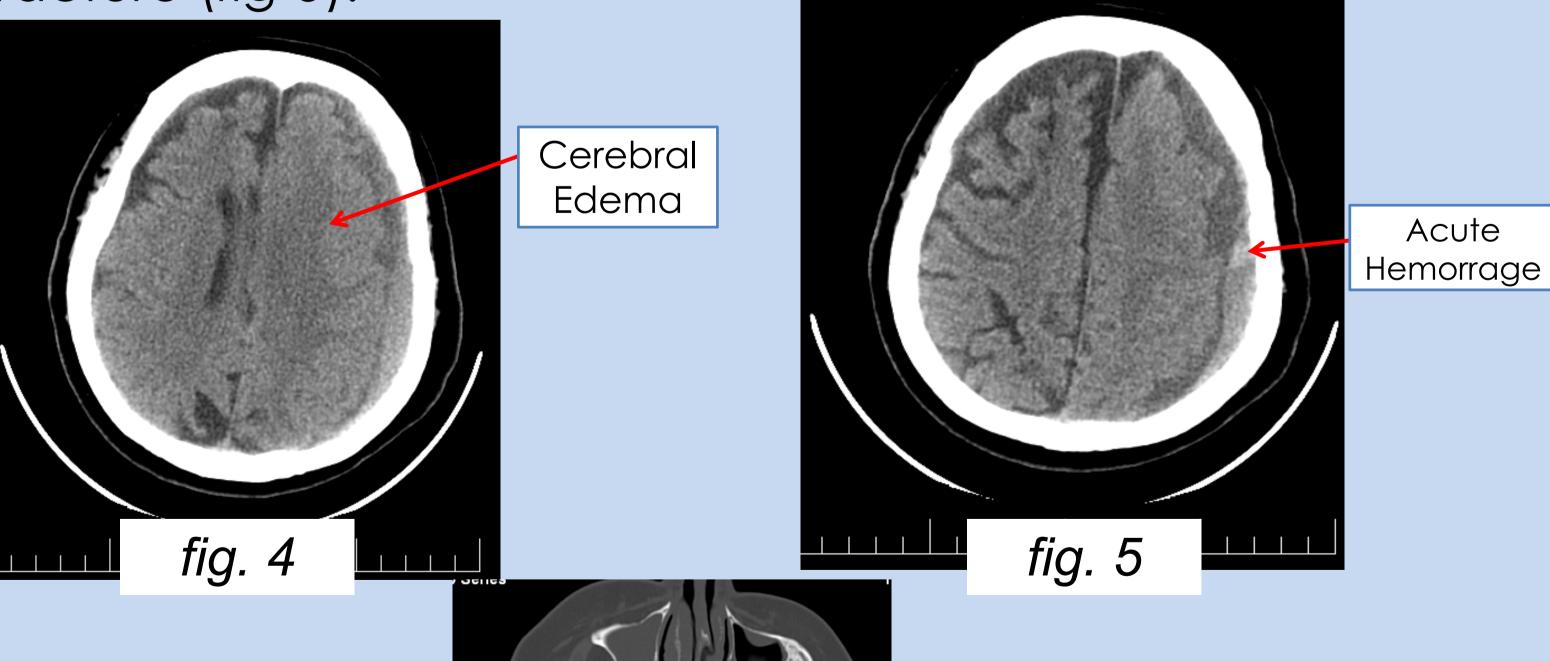
64 year old hypertensive, diabetic patient, presenting with 2 day old frontal headache and high BP values (205/115mmHg).

Clinical exam: GCS =15, RR= 16, Pulse=85, TA= 205/115mmHg, SpO2= 96%, T°= 36,6, Gli= 297mg/dl. Frontal headache without any other neurological signs and no neck stiffness.

Paraclinical exam: EKG – normal. Blood tests within normal limits.

The patient was treated, had improved and she would have been discharged but for the sudden development of right hemiparesis. After the CT results the patient admitted she had fallen 2 weeks prior in her bathroom.

CT result: Chronic subdural hematoma with areas of acute hemoraging (fig 4). Cerebral Edema (fig 5). Right occiptal fracture (fig 6).



Occipital

fractura

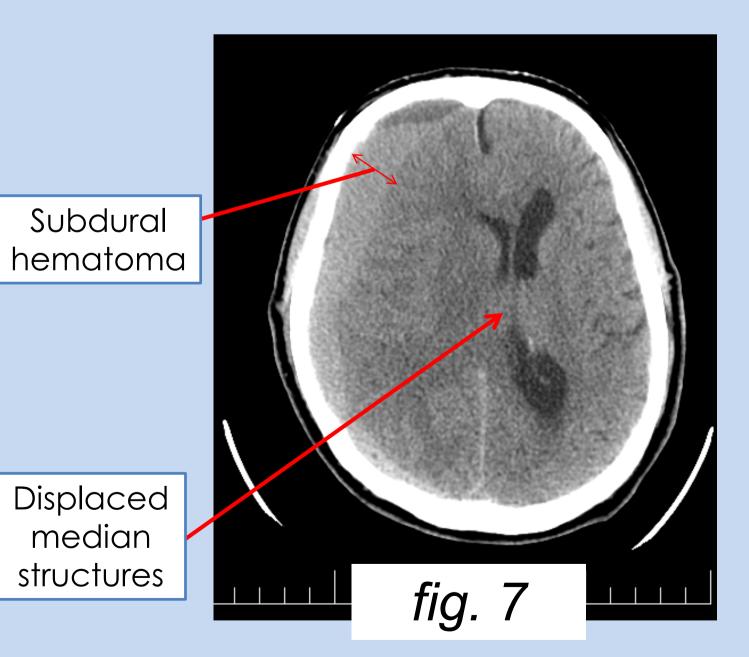
Patient B

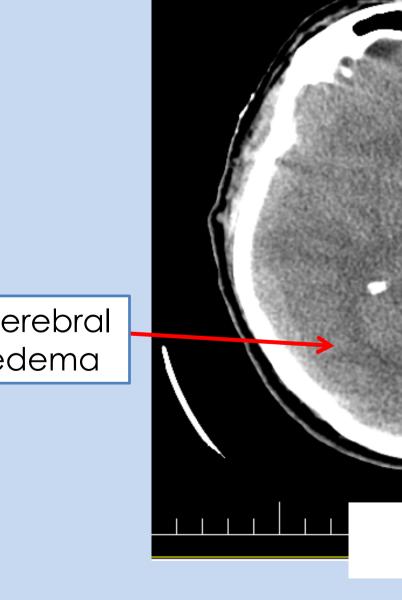
74 year old patient presenting with confusion and trouble balancing which started in the last 6 hours. Known to have Atrial fibrillation (treated with anticoagulant) hypertension and aorto-coronary bypass. The patient had been involved in a car accident 5 weeks prior to presentation with a normal CT scan 1 week after the accident.

Clinical Exam: GCS=14 (M=6, v=4, o=4), RR= 16, pulse= 89, TA= 150/70mmHg, SpO2= 98% T°= 36.5, Gli= 120mg/dl Confusion, Romberg +

Paraclinical exam: ECG – atrial fibrillation Blood tests within normal limits.

CT: Chronic subdural hematoma with a maximum width of 20mm situated in the right fronto-temperoparietal areas (fig. 7), with a mass efect and displacement of the midline by 12mm (fig 7) and cerebral edema (fig 8).





Both patients were treated in the neurosurgical department where they were discharged with a good prognosis. These cases provide an excellent example of the range of symptoms a subdural hematoma can produce as well as the possibility of a subtle clinical onset.