

Acute subdural hematoma conservative treatment

The [Brain Trauma Foundation](#) published [guidelines](#) on the surgical management of traumatic [subdural hematoma](#) (SDH). However, no data exist on the proportion of patients with subdural hematoma SDH that can be selected for [conservative therapy](#) and what is the [outcome](#) of these patients ¹⁾.

The conservative management of patients with [acute subdural hematomas](#) can be a viable alternative in certain cases. In a patient with acute subdural hematoma for whom a neurosurgeon sees no clear superiority for acute surgery over conservative treatment, initial conservative treatment might be considered ²⁾

Those patients younger than 65 years old, with small acute subdural hematomas and [Glasgow Coma Scale](#) scores greater than 8, will have the best functional outcomes ³⁾

A smaller degree of [midline shift](#) was tolerated by patients with a GCS score of less than 15: a shift of more than 5 mm on the initial CT scans predicted exhaustion of the cerebral compensatory mechanism within 3 days of injury. In such cases, the GCS score worsened, and surgical evacuation of the SDH became necessary. A total hospital stay of 6 to 7 days may suffice for those who have become fully conscious. Repeat CT studies before discharge should be done and a close follow-up during the first 3 to 4 weeks is advisable ⁴⁾

In conservatively managed patients with minimal symptoms and [mass effect](#) on [head computed tomography](#), increasing [subdural hematoma](#) size did not contribute to worsened in-Hospital mortality or length of stay. Patients with large aSDHs may undergo an initial course of nonoperative management of symptoms and the degree of mass effect are mild ⁵⁾.

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