Bilateral chronic subdural hematoma case reports

A 24-year-old male who presented mild cranial trauma secondary to a fall from his own height due to tonic-clonic seizures. Initially, he exhibited a transient loss of consciousness, followed by neurological improvement, with a Glasgow Coma Scale score of 15. Radiological imaging revealed extensive bilateral complicated arachnoid cysts (AC) in the frontal region, leading to craniotomy and drainage. Despite surgical intervention, follow-up imaging demonstrated rebleeding, necessitating further surgical reintervention. Surgical findings included bilateral CSDH secondary to hemorrhagic AC, as well as absence of the frontal lobes. This case represents an unprecedented source of insight into the diagnostic challenge posed by CSDH in the presence of significant developmental alterations of the frontal lobes, adding complexity to management due to potential cognitive and neurological implications [1].

2022

Bilateral chronic subdural hematoma in an 84-year-old man who died of duret hemorrhage in the brain stem and ischemia in the occipital and temporal lobes. Ahn et al. discussed the necessity for urgent surgical intervention to treat bilateral chronic SDH and provide a review of the relevant literature [2].

2017

A 72-year-old man with bilateral chronic subdural hematomas was admitted and treated using a YL-1 type hematoma aspiration needle. The treatment was complicated by hemorrhage of the basal ganglia and brainstem. This patient had no history of hypertension. Chen et al evaluated the relevant literature to analyze the causes of cerebral hemorrhage in similar patients.

This case report illustrates that the stability of the intracranial pressure should be closely monitored during the surgical treatment of chronic subdural hematomas, and large fluctuations in the cerebral perfusion pressure should be avoided during the operation. They also propose improvements in the technical details of the operative treatment of chronic subdural hematomas [3].

Calcified chronic subdural hematomas are an occurrence rarely seen in neurosurgical clinical practice. And when they occur bilaterally, the radiologic image they present is fascinating, as is the clinical presentation, but their management may be challenging. They have been reported to present with a multitude of neurologic deficits but never with diabetes insipidus, which is described by Siddiqui et al.

Due to the rarity of this pathology, the management protocol is not well defined, though there have been quite a few papers on this condition. This review article gathers information published over the years on this rare entity to suggest a treatment protocol [4].

2006

An 81-year-old man suffered blunt trauma to his chest resulting from a road traffic accident. On admission a chest X-ray showed multiple rib fractures but a computerized tomography scan of the head ruled out any post-traumatic lesion. He had a background diagnosis of mild Alzheimer's dementia for which he was being treated with galantamine. He lived a reasonably independent life with his wife and was driving the car himself when the accident occurred. After a fortnight he was discharged from hospital.

Two months later he developed progressive deterioration in mobility. His wife noted an increasing level of forgetfulness and intermittent episodes of confusion. His general practitioner noted a shuffling gait and rigidity affecting lower limbs and made a working diagnosis of parkinsonism. A trial of Madopar (Levodopa and benserazide: 62.5 mg three times a day for 2 weeks) was given by the GP but this failed to improve the situation and he became virtually bed-bound. He was referred back to the hospital for further investigation.

On admission he was confused and marked rigidity affecting upper and lower limbs was detected. No resting tremor was noted but gait could not be tested, as he was unable to get out of bed. In view of the clinical presentation a computerized tomography scan of the head was repeated which showed bilateral fronto-parietal chronic subdural haematoma (Figure 1a,b). He was referred to the regional neurosurgical centre where he underwent bilateral burrhole drainage. Postoperative recovery was unremarkable and on examination there was complete resolution of previous rigidity affecting upper and lower limbs. He was able to converse normally with his wife and began walking with the aid of a stick by third postoperative day. A week later he was discharged from the hospital having regained his previous level of mobility and independence with activities of daily living [5)].

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4)
Siddiqui SA, Singh PK, Sawarkar D, Singh M, Sharma BS. Bilateral Ossified Chronic Subdural Hematoma Presenting as Diabetes Insipidus-Case Report and Literature Review. World Neurosurg. 2017 Feb;98:520-524. doi: 10.1016/j.wneu.2016.11.031. Review. PubMed PMID: 27867130.
5)
Suman S, Meenakshisundaram S, Woodhouse P. Bilateral chronic subdural haematoma: a reversible cause of parkinsonism. J R Soc Med. 2006 Feb;99(2):91-2. PubMed PMID: 16449784; PubMed Central PMCID: PMC1360497.