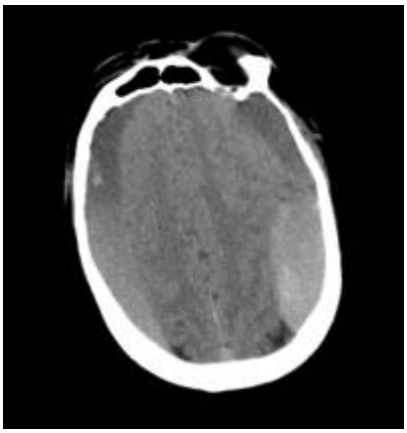
Bilateral chronic subdural hematoma treatment



Most clinicians consider bilateral chronic subdural hematoma equivalent to unilateral CSDH as there is no difference in the presentations or treatment strategies. However, rapid and progressive aggravation of bilateral CSDH has been documented and the authors recommend operation as early as possible with simultaneous decompression of bilateral hematoma pressure [1)]

Occasionally patients with Bilateral chronic subdural hematoma undergo unilateral surgery because the contralateral hematoma is deemed to be asymptomatic, and in some of these patients the contralateral hematoma may subsequently enlarge, requiring additional surgery.

Treatment of bilateral CSHs presents its own unique set of problems. New hemorrhage on the contralateral side and midline shift are concerns and can be avoided by simultaneous bilateral decompression [2) 3)]. and significantly lowers the risk of retreatment compared with unilateral intervention and should be considered when choosing a surgical procedure [4)].

For Huang et al. neurological deterioration resulting from the thicker hematomas, early surgical decompression for bilateral CSDH should be implemented [5)].

A retrospective study on 128 surgically treated bCSDHs.

Fifty-one and 77 were bilaterally and unilaterally evacuated, respectively. Glasgow Coma Scale was lower and midline shift was higher in those evacuated unilaterally compared to those evacuated bilaterally. Hematoma size was a significant determinant of decision for unilateral vs bilateral evacuation. The contralateral side needed evacuation at a later stage in 7 cases (9.1%). There was no significant difference in terms of reoperation rate between those evacuated unilaterally and bilaterally. Greater contralateral hematoma thickness on the first postoperative day computed tomography (CT) and more postoperative midline shift reversal had higher rates of operation in the opposite side. There was no difference between the daily pace of hematoma decrease in the operated and nonoperated sides (0.7% decrease per day vs 0.9% for the operated and nonoperated sides, respectively).

Results of this study show that most bCSDHs evacuated unilaterally do not experience growth in the nonoperated side and unilateral evacuation results in hematoma resolution for both sides in most cases. Hematoma thickness on the opposite side on the first postoperative day CT and amount of midline shift reversal after surgery are the most important factors predicting the need for surgery on the opposite side [6].

References

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