

Numerous authors have reported cases of traumatic cerebellar contusion. A few authors have emphasized delayed deteriorations in patients with cerebellar contusion. Since CT scan was introduced into daily clinical practice, it has become obvious that cerebellar contusion were not necessarily associated with severe head injuries. Of 1176 head-injured cases admitted to our department in the past five years, eight (0.7%) were diagnosed by CT scans to have cerebellar contusion. Among eight cases, two of them were deeply comatose on admission because they had concomitant diffuse cerebral contusions and died soon after admission. Remaining six cases had predominantly cerebellar contusion on CT scans and showed minimal neurological deficits on admission. Most of them recovered without any significant disabilities. But two of them deteriorated several hours after injury, showing brain-stem compression for which emergency posterior fossa decompression were carried out without recovery. One of them underwent external decompression which resulted in intracerebellar massive hemorrhage and the other missed the timing of surgery. In conclusion, it is important to prepare for unexpectedly rapid deterioration, for which wide craniectomy and sufficient internal decompression would be required ¹⁾.

¹⁾

Sato K, Hinokuma K, Matsuzawa Y, Takehara S, Uemura K, Ninchoji T, Shimoyama I. [Clinical study of traumatic cerebellar contusion]. No Shinkei Geka. 1987 Dec;15(12):1285-9. Japanese. PubMed PMID: 3448497.

From:

<https://neurosurgerywiki.com/wiki/> - **Neurosurgery Wiki**

Permanent link:

https://neurosurgerywiki.com/wiki/doku.php?id=cerebellar_contusion

Last update: **2024/06/07 02:49**

