

Chronic subdural hematoma history

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The first description of a [chronic subdural hematoma](#) was made in [1658](#) by J.J. Wepfer, followed in 1761 by Morgagni. A possible case was described by Honoré de Balzac in 1840 including its traumatic origin and surgical treatment.

Virchow, in [1857](#), denied a traumatic origin and gave the name of "[pachymeningitis hemorrhagica interna](#)" to this pathology which he explained by inflammatory processes.

The traumatic etiology of chronic subdural hematoma was recognized in the XXth century, especially by Trotter in 1914. Pathophysiology was considered later on in the XXth century.

It was first described by [Rudolf Ludwig Karl Virchow](#), in 1857, as "an internal hemorrhagic pachymeningitis" ¹⁾.

Later, in [1914](#), Trotter launched the theory of traumatic brain injury and the consecutive lesion of the "bridging veins", as being the cause of what he called "hemorrhagic subdural cyst" ²⁾.

A systematic review of the literature between 2010 and 2022, aims to identify and address the issues in cSDH surgical management where consensus is lacking. The results show ambiguous data in regard to indication, the timing and type of surgery, the duration of drainage, concomitant membranectomy, and the need for embolization of the middle meningeal artery. Other aspects of surgical treatment such as the use of drainage and its location and number of burr holes seem to have been adequately clarified: the drainage of hematoma is strongly recommended and the outcome is considered as independent of drainage location or the number of burr holes ³⁾.

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Weigel R, Krauss JK, Schmiedek P. Concepts of neurosurgical management of chronic subdural haematoma: historical perspectives. Br J Neurosurg. 2004 Feb;18(1):8-18. PubMed PMID: 15040710.

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Guénou M. [Chronic subdural hematoma: historical studies]. Neurochirurgie. 2001 Nov;47(5):461-3. French. PubMed PMID: 11915757.

3)

Solou M, Ydreos I, Gavra M, Papadopoulos EK, Banos S, Boviatsis EJ, Savvanis G, Stavrinou LC. Controversies in the Surgical Treatment of Chronic Subdural Hematoma: A Systematic Scoping Review. *Diagnostics (Basel)*. 2022 Aug 25;12(9):2060. doi: 10.3390/diagnostics12092060. PMID: 36140462; PMCID: PMC9498240.

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