

As the world population becomes progressively older, the overall incidence of chronic subdural hematoma (CSDH) is increasing. Peak age of onset for CSDH has also increased, and recently the 80-year-old level has a peak. Many patients with CSDH have had prior treatment with anticoagulants and antiplatelet drugs, which have an accompanying risk of CSDH. In elderly patients with CSDH, symptoms of cognitive change (memory disturbance, urinary incontinence, and decreased activity) and disturbance of consciousness at admission were more frequent compared to younger patients with CSDH. The literature actually offers conflicting advice regarding CSDH treatment; however, burr hole surgery with drainage under local anesthesia is the most common surgical procedure, even in elderly patients. The recurrence rate of CSDH has not decreased over recent decades, and it has ranged from 0.36-33.3%. Outcomes in patients over 75 years old was significantly worse than for those younger than 75. Moreover, long-term outcomes for elderly patients with CSDH are poor. CSDH in the elderly is no longer a benign disease. In the future, it will be important for us to understand the mechanisms of onset and recurrence of CSDH and to develop more effective medical treatments and noninvasive surgical techniques for elderly patients ¹⁾.

Chronic subdural hematoma (CSDH) is a condition mostly present in **older** people.

The annual **incidence** has been variably reported from 1.7 to 20.6 cases per 100,000 **patients** per year in the general **population**. This incidence increases markedly with age, with a reported incidence of 127.1 per 100,000 in patients 80 years or older ²⁾.

The incidence is increasing due to increase in aging population, associated medical diseases such as hemodialysis, anticoagulant, and/or antiplatelet therapy ^{3) 4)}.

It is one of the most frequent reasons for cranial neurosurgical consultation and a significant public health problem. ⁵⁾.

The medium age of patients with chronic subdural haematoma is of 63 years old. Due to the fact that the population continues to get old, it is expected that in 2030, its incidence will double ^{6) 7) 8) 9)}.

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