

# Chronic subdural hematoma recurrence treatment

see also [Chronic subdural hematoma treatment](#).

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There is no definite operative procedure for patients with [chronic subdural hematoma recurrence](#).

Most are managed successfully with [Burr hole trephination](#) for chronic subdural hematoma with a closed [drainage system](#). [Refractory](#) hematomas may be managed with a variety of techniques, including [craniotomy](#) or [subduroperitoneal shunt](#) placement <sup>1)</sup>.

Although many studies have reported risk factors or treatments in efforts to prevent recurrence, those have focused on single recurrence, and little cumulative data is available to analyze refractory CSDH.

Matsumoto et al. defined [refractory chronic subdural hematoma](#) as  $\geq 2$  recurrences, then analyzed and compared clinical factors between patients with single recurrence and those with refractory CSDH in a cohort study, to clarify whether patients with refractory CSDH experience different or more risk factors than patients with single recurrence, and whether burr-hole irrigation with closed-system drainage reduces refractory CSDH.

Seventy-five patients had at least one recurrence, with single recurrence in 62 patients and  $\geq 2$  recurrences in 13 patients. In comparing clinical characteristics, patients with refractory CSDH were significantly younger ( $P=0.04$ ) and showed shorter interval to first recurrence ( $P<0.001$ ). Organized CSDH was also significantly associated with refractory CSDH ( $P=0.02$ ). Multivariate logistic regression analysis identified first recurrence interval  $<1$  month (OR 6.66,  $P<0.001$ ) and age  $<71$  years (OR 4.16,  $P<0.001$ ) as independent risk factors for refractory CSDH. On the other hand, burr-hole irrigation with closed-system drainage did not reduce refractory CSDH.

When patients with risk factors for refractory CSDH experience recurrence, alternative surgical procedures may be considered as the second surgery, because burr-hole irrigation with closed-system drainage did not reduce refractory CSDH <sup>2)</sup>.

Implantation of a reservoir <sup>3) 4) 5)</sup>.

Subdural-peritoneal shunt <sup>6)</sup>.

## Middle meningeal artery embolization

see [Middle meningeal artery embolization for chronic subdural hematoma](#)

<sup>1)</sup>

Desai VR, Scranton RA, Britz GW. Management of Recurrent Subdural Hematomas. *Neurosurg Clin N Am*. 2017 Apr;28(2):279-286. doi: 10.1016/j.nec.2016.11.010. Epub 2017 Jan 4. Review. PubMed PMID: 28325462.

<sup>2)</sup>

Matsumoto H, Hanayama H, Okada T, Sakurai Y, Minami H, Masuda A, Tominaga S, Miyaji K, Yamaura

I, Yoshida Y, Yoshida K. Clinical investigation of refractory chronic subdural hematoma: a comparison of clinical factors between single and repeated recurrences. World Neurosurg. 2017 Aug 24. pii: S1878-8750(17)31402-X. doi: 10.1016/j.wneu.2017.08.101. [Epub ahead of print] PubMed PMID: 28844917.

3)

Sato M, Iwatsuki K, Akiyama C, Masana Y, Yoshimine T, Hayakawa T. [Use of Ommaya CSF reservoir for refractory chronic subdural hematoma]. No Shinkei Geka. 1999 Apr;27(4):323-8. Japanese. PubMed PMID: 10347846.

4)

Sato M, Iwatsuki K, Akiyama C, Kumura E, Yoshimine T. Implantation of a reservoir for refractory chronic subdural hematoma. Neurosurgery. 2001 Jun;48(6):1297-301. PubMed PMID: 11383733.

5)

Laumer R. Implantation of a reservoir for refractory chronic subdural hematoma. Neurosurgery. 2002 Mar;50(3):672. PubMed PMID: 11841742.

6)

Misra M, Salazar JL, Bloom DM. Subdural-peritoneal shunt: treatment for bilateral chronic subdural hematoma. Surg Neurol. 1996 Oct;46(4):378-83. PubMed PMID: 8876720.

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