Decompressive craniectomy for acute subdural hematoma

It is supported that decompressive craniectomy significantly improve outcome in patients with refractory intracranial hypertension due to extensive contusion, compared to routine craniotomy. However, as it has been known that bony decompression result in apparent exacerbation of edema, the superiority of decompressive craniectomy to craniotomy is still controversial.

Craniotomy is the preferred surgical technique for management of ASDH in the United States, being performed 10 times more frequently than craniectomy. Craniectomy was associated with significantly higher in-hospital mortality after propensity score matched analysis [1)].

1)
Rush B, Rousseau J, Sekhon MS, Griesdale DE. Craniotomy Versus Craniectomy for Acute Traumatic Subdural Hematoma in the United States: A National Retrospective Cohort Analysis. World Neurosurg. 2016 Apr;88:25-31. doi: 10.1016/j.wneu.2015.12.034. Epub 2015 Dec 31. PubMed PMID: 26748175; PubMed Central PMCID: PMC4833577.