

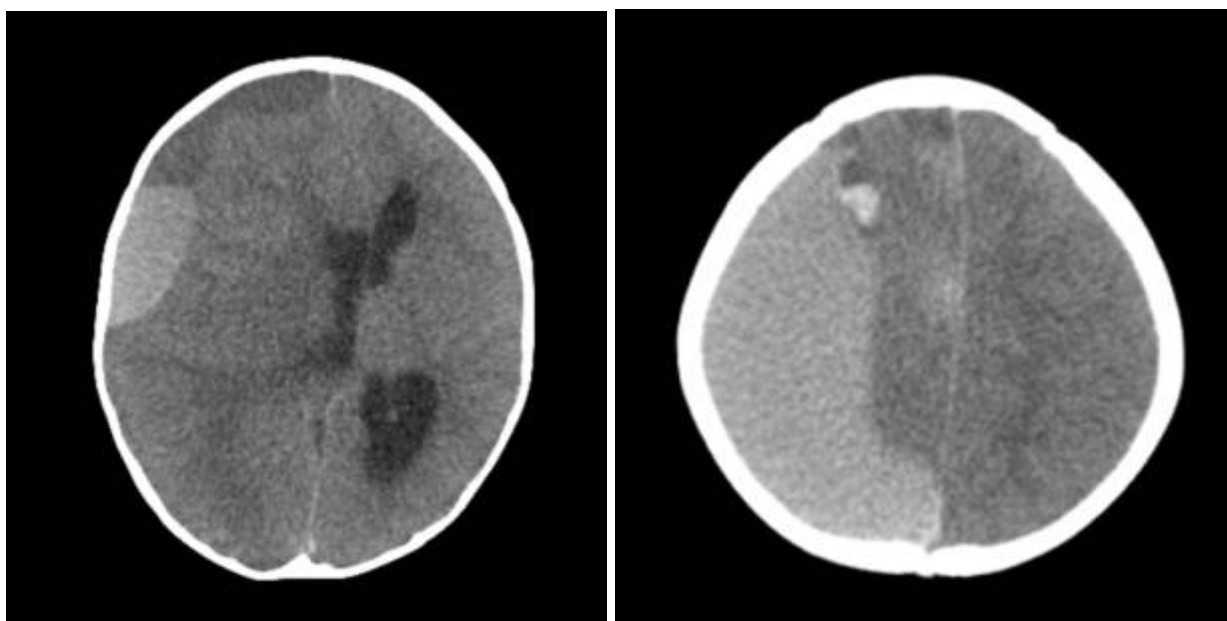
Infantile acute subdural hematoma

Etiology

see [Infantile acute subdural hematoma etiology](#).

Diagnosis

Diagnosis can be made by computed tomography or magnetic resonance imaging ¹⁾.



Large subdural hematoma of the right convexity up to 3 cm thick, which causes severe cerebral compression, with [cingulate herniation](#) and [transtentorial herniation](#).

The hematoma shows liquid-liquid levels, with a higher density lower in relation to sedimented hematoma.

Signs of diffuse [brain edema](#).

Treatment

The ideal treatment for [subdural hematomas](#) (SDHs) in infants remains debated.

Outcome

Early recognition and suitable treatment may improve the outcome of this injury. If treatment is delayed or the condition is undiagnosed, acute subdural hematoma may cause severe morbidity or even fatality ²⁾.

Infantile acute subdural hematoma case series

see [Infantile acute subdural hematoma case series](#).

Case reports

see [Infantile acute subdural hematoma case reports](#).

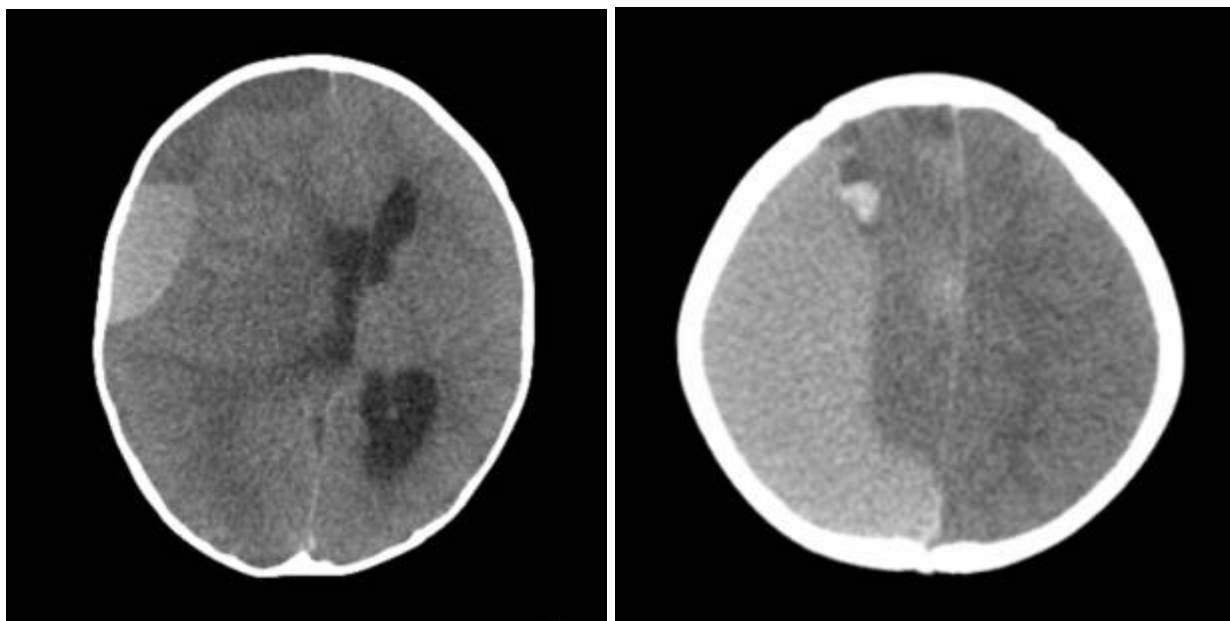
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A 1 year old , according to [anamnesis](#) provided by the parents, they consulted in the last month for cough clinic with low expectoration, nasal congestion, T° up to 38°C of 24 hrs evolution. According to an emergency report: the previous week the patient presents right facial edema, of 2 days duration.

Scratch injuries in legs.

In the next days vomiting with progressive decay.

In the following hours after admission coma, respiratory arrest with bradycardia



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In the surgical intervention xanthochromia appears at the beginning, later dark red liquid without clots. Later a subdural membrane is seen on the arachnoid surface, very characteristic of chronic

subdural hematoma.

1) , 2)

Loh JK, Lin CL, Kwan AL, Howng SL. Acute subdural hematoma in infancy. Surg Neurol. 2002 Sep-Oct;58(3-4):218-24. PubMed PMID: 12480224.

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