Interhemispheric Subdural Hematoma Treatment

As a consequence of various controversies, there is still no clearly established treatment, particularly in regard to medical or surgical management of Interhemispheric Subdural Hematoma. The best decision requires tailoring treatment to the individual patient according to his or her clinical condition.

The management options range from craniotomy and evacuation to conservative management [1].

Though removal of the blood has proved to be an option in the management of these patients, there is danger due to the close proximity of the superior sagittal sinus and bridging veins. Some of these hematomas migrate superiorly (to a more favorable position) with time, as they liquefy. It is also conceivable that if a patient with an interhemispheric ASDH is relatively asymptomatic, initial conservative management might be followed by migration of the clot to a position over the convexity where removal is considerably less dangerous. Thus there is no consensus on the ideal management of these rare hematomas, conservative treatment may be followed in those who are neurologically stable or have concurrent risk factors, while surgical treatment should be reserved for those who have pronounced symptoms or neurological deficits [2].

Conservative management is appropriate to manage most IHSDHs, as most resolve spontaneously, and their symptoms resolve as well [3].

iSDHs associated with falx syndrome can be evacuated safely and effectively, and prompt surgical evacuation prior to neurological deterioration can improve outcomes. In the study of Tonetti et al. craniotomy for iSDH evacuation proved to be a low-risk strategy that was associated with generally good outcomes, though appropriately selected patients may fare well without evacuation [4].

Outcome after surgical treatment for TISH can be good, and careful surgical planning and microsurgical techniques to preserve venous drainage are essential [5].

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