

Intracranial acute traumatic subdural hematoma case reports

Elshanawany AM, Wahab AHA. [Intracranial Acute Subdural Hematoma](#) Following [Spinal Anesthesia](#): Our Experience with Six Patients. J Neurol Surg A Cent Eur Neurosurg. 2019 Aug 29. doi: 10.1055/s-0039-1685184. [Epub ahead of print] PubMed PMID: 31466105.

A 55-year-old man with traumatic acute subdural hematoma (SDH) was managed nonsurgically because of having isolated mild [headache](#) that resolved within a week. However, the patient developed an acute onset of amnesic aphasia 12 days post-trauma. Although the SDH itself did not increase in volume, remarkable swelling of the ipsilateral cerebral hemisphere was observed on CT scanning. Craniotomy was required since the main component of the SDH was solid and partially organized. Post-operative recovery from his speech disturbance was delayed, necessitating speech therapy for more than two months. Additionally, decreased cerebral blood flow on the affected side was observed even 3 months after injury. Symptomatic subacute SDH exclusively presenting as focal neurological deficits, though very rare, is worthwhile to be kept in mind as a pitfall in nonsurgical management of acute SDH ¹⁾.

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Aoki N, Oikawa A, Sakai T. Symptomatic subacute subdural hematoma associated with cerebral hemispheric swelling and ischemia. Neurol Res. 1996 Apr;18(2):145-9. PubMed PMID: 9162869.

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