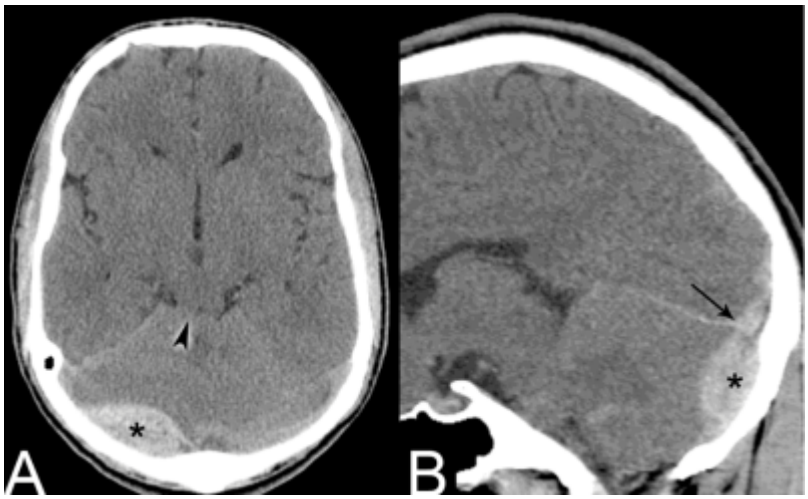
Posterior fossa epidural hematoma in children



Clinical features

Because of the non-specific symptoms and the potential for rapid and fatal deterioration of Posterior fossa epidural hematoma in children, an early computed tomography (CT) scanning is necessary for all suspicious cases.

In nine cases.The clinical picture was dominated by headache, vomiting, and gait ataxia. An occipital fracture was seen in 77.7% of the patients. In all cases, the diagnosis was made by computed tomography. [1)].

Treatment

see Review and Management Guidelines [2)].

Although some patients have been successfully treated with conservative approach, most studies support timely management of posterior fossa epidural hematoma by surgical intervention in children.

The absence of an occipital skull fracture or the presence of normal pulse rate and blood pressure should not influence the decision. Lumbar puncture is absolutely contraindicated [3)].

Little evidence is available regarding the feasibility of using trephination mini-craniectomy for traumatic PFEDH in children [4)].

Outcome

The overall prognosis normally is excellent [5) 6) 7)].

Torrential venous bleeding can be a major problem due to rupture of the adjacent sinuses. Timely intervention is crucial for achieving good outcome, keeping in view a low threshold for surgical evacuation [8)].

Case series

see Posterior fossa epidural hematoma in children case series.

References

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