

Posterior fossa hemorrhage

[Brainstem hemorrhage](#)

[Cerebellar hemorrhage](#)

[Pontine hemorrhage](#)

[Posterior fossa epidural hematoma](#)

[Posterior fossa subdural hematoma.](#)

[Infratentorial](#) traumatic intracranial bleeds (ICBs) are rare and the distribution of subtypes is unknown. To characterize this distribution the National Trauma Data Bank (NTDB) 2014 was queried for adults with single type infratentorial ICB, n = 1,821: subdural hemorrhage (SDH), subarachnoid hemorrhage (SAH), epidural hemorrhage (EDH), and intraparenchymal hemorrhage (IPH). Comparisons were made between the groups with statistical significance determined using chi squared and t-tests. SDH occurred in 29% of patients, mostly in elderly on anti-coagulants (13%) after a fall (77%), 42% of them underwent craniotomy, their mortality was the lowest (4%). SAH was the most common (56%) occurring mostly from traffic related injuries (27%). Furthermore, 9% of them had a severe head injury Glasgow Coma Scale ≤ 8 (GCS), but had the lowest Injury Severity Score (ISS, median 8) as well as a short hospital length of stay, 5.1 ± 6.2 days. These patients were most likely to be discharged to home (64%). They had the lowest mortality (4%). EDH was the least common ICB (5%), occurred in younger patients (median age 49 years), and it had the highest percentage of associated injuries (13%). EDH patients presented with the poorest neurological status (26% GCS ≤ 8 , ISS median 25) and were operated on more than any other ICB type (55%). EDH was the highest mortality (9%) ICB type and had a low discharge to home rate (58%). IPH was uncommon (10%). Infratentorial bleeds types have different clinical courses, and outcomes. Understanding these differences can be useful in managing these patients ¹⁾.

¹⁾

Ng I, Bugaev N, Riesenburger R, Shpiner AC, Breeze JL, Arabian SS, Rabinovici R. The profile of blunt traumatic infratentorial cranial bleed types. J Clin Neurosci. 2018 Oct 17. pii: S0967-5868(18)30829-4. doi: 10.1016/j.jocn.2018.10.035. [Epub ahead of print] PubMed PMID: 30342807.

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