

# Spontaneous Subdural Hematoma

In rare instances, subdural bleeding occurs without evidence of a previous trauma following spontaneous hemorrhage, e.g. from a ruptured aneurysm or an intracerebral hematoma perforating the brain surface and the arachnoid.

see Spontaneous [Acute Subdural Hematoma](#)

see Spontaneous [Chronic Subdural Hematoma](#) or [Nontraumatic chronic subdural hematoma](#).

Despite patients experiencing high [chronic subdural hematoma recurrence](#) and [readmission](#) rates after surgical management of [nontraumatic subdural hematomas](#) (SDHs), few studies have examined the causes and predictors of unplanned readmissions in this population on a national scale.

Shaftel et al. analyzed independent factors predicting 30-day hospital readmissions after surgical treatment of nontraumatic SDH in patients who survived their index surgery and evaluate hospital readmission rates and charges.

Using the Nationwide Readmissions Database, they identified patients who underwent craniotomy for nontraumatic SDH evacuation (2010-2015) using a retrospective cohort observational study design. National estimates and variances within the cohort were calculated after stratifying, hospital clustering, and weighting variables.

Among 49 013 patients, 10 643 (21.7%) had at least 1 readmission within 30 days of their index treatment and 38 370 (78.3%) were not readmitted. Annual readmission rates did not change during the study period (  $P = .74$ ). The most common primary causes of 30-day readmissions were [chronic subdural hematoma recurrence](#) (n = 3949, 37.1%), [venous thromboembolism](#) (n = 1373, 12.9%), and delayed [hyponatremia](#) and [syndrome of inappropriate antidiuretic hormone secretion](#) (n = 1363, 12.8%). Comorbidities that independently predicted readmission included [congestive heart failure](#), [chronic obstructive pulmonary disease](#), [coagulopathy](#), [diabetes mellitus](#), [liver disease](#), [lymphoma](#), fluid and electrolyte disorders, metastatic cancer, [peripheral vascular disease](#), [psychosis](#), and [renal failure](#) (  $P \leq .03$ ). Household income in the 51st to 75th percentile was associated with a decreased risk of readmission.

National [trends](#) in 30-day [readmission](#) rates after nontraumatic SDH treatment by [craniotomy](#) provide quality benchmarks that can be used to drive quality improvement efforts on a national level <sup>1)</sup>.

## Intracranial acute spontaneous subdural hematoma

[Intracranial acute spontaneous subdural hematoma](#).

<sup>1)</sup>

Shaftel KA, Cole TS, Jubran JH, Schriber TD, Little AS. Nationwide Readmission Rates and Hospital Charges for Patients With Surgical Evacuation of Nontraumatic Subdural Hematomas: Part 1- Craniotomy. *Neurosurgery*. 2022 Aug 1;91(2):247-255. doi: 10.1227/neu.0000000000002001. Epub 2022 May 16. PMID: 35551171.

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