Subdural hematoma classification

- Recurrence prediction in chronic subdural hematomas: a risk stratification score based on 118 consecutive patients
- Clinical Features and Diagnosis of Spontaneous Intracranial Hypotension
- The Evolution and Recurrence of Chronic Subdural Hematoma was Associated with Different Distribution of Macrophage M1/M2 Polarization
- Differences in neuroradiological impacts of hematoma volume and midline shift on clinical symptoms and recurrence rate in patients with unilateral chronic subdural hematoma
- The middle meningeal artery Patency After Coil Embolization (PACE) score: A novel descriptor of angiographic occlusion
- Problematic visualization of human protoplasmic astrocytes Immunohistochemical stains
- Navigating the Role of Surgery in Optimizing Patient Outcomes in Traumatic Brain Injuries (TBIs): A Comprehensive Review
- Research on imaging biomarkers for chronic subdural hematoma recurrence

Subdural hematomas (SDHs), though frequently grouped together, can result from a variety of different etiologies, and therefore many different subtypes exist.

Intracranial subdural hematoma.

Spinal subdural hematoma.

Spontaneous subdural hematoma.

Traumatic subdural hematoma.

The International Statistical Classification of Diseases (ICD) classifies subdural hematoma (SDH) as traumatic or non-traumatic. In clinical settings, however, SDH is typically described as either acute or chronic.

The goal of a study was to assess how the ICD Coding Tools captures the clinical terminology and propose an improved classification that would increase the system's usefulness in administrative, statistical and research applications.

Langlois et al. performed a retrospective analysis of patients who presented with an ICD diagnostic code for either traumatic or non-traumatic SDH. A qualitative analysis of patients' charts was performed to identify elements relevant to management and prognosis, following which a meeting between expert investigators was held to elaborate a new classification of SDH. Imaging from all patients was then reviewed and cases were reclassified according to our proposed system.

A total of 277 SDH cases were included. Themes documented in the charts included chronicity, etiology, side, and symptoms. They created a new classification which distinguishes acute SDH (aSDH) from membrane-associated subdural hematoma (mSDH). aSDH were further divided into traumatic aSDH (taSDH) and non-traumatic aSDH (ntaSDH), while mSDH were divided into acute on chronic (a/cSDH), subacute (sSDH) and chronic (cSDH) categories.

The ICD coding system correctly identifies taSDH and ntaSDH. However, it remains non-specific for mSDH. They proposed this new SDH classification system to better capture chronicity and etiology - factors felt to impact management and prognosis [1)]

Laminar subdural hematoma in infants can range from minor, self-limited collections to life-threatening compressive lesions. The term laminar subdural hematoma is used descriptively to indicate a thin, sheet-like collection of subdural blood, typically without mass effect.

1)

Langlois AM, Touchette CJ, Mathieu D, Iorio-Morin C. Classification of subdural hematomas: proposal for a new system improving the ICD Coding Tools. Front Neurol. 2023 Oct 11;14:1244006. doi: 10.3389/fneur.2023.1244006. PMID: 37885484; PMCID: PMC10598644.