Traumatic intracranial subdural hygroma classification

- Chronic Subdural Hematoma in the Aged, Trauma or Degeneration?
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“Simple hygroma” refers to a hygroma without significant accompanying conditions. “Complex hygroma” refers to hygromas with associated significant subdural hematoma, epidural hematoma, or intracerebral hemorrhage.

Based on clinical features and dynamic observation of CT scanning, TSHs were classified into four types: resolution, steadiness, development and evolution. The resolution type often occurred in the prime of life, and the patients had normal intracranial pressure and good prognoses after conservative treatment. The elderly made up the majority of the steadiness type. Their main clinical manifestations included headaches, dizziness, nausea, vomiting, abnormal mentality, etc. Generally, no positive nervous systemic sign related to TSH was observed. The prognoses of the steadiness type treated by conservative therapy were also satisfactory. The development type was common in babies and children and mainly manifested as progressively increasing intracranial pressure, mild hemiplegia, aphasia and abnormal mentality. The patients with development type often needed surgical treatment where there was an associated risk of dying from accompanying cerebral parenchymal damage or postoperative complications once in a while. The evolution type with chronic subdural haematoma occurred between 22 and 100 days after TSH and in the cases of small hydromas treated conservatively, with mild accompanying cerebral damage, characterised by the polarised age, and chronic increased intracranial pressure, there was always a good prognosis after surgery [1)].

One hundred and ninety-two cases of TSH were classified into four types: The types of resolution, steadiness, development and evolution on the basis of their clinical characteristics and dynamic observation of CT scanning.

Results: The patients in the resolution type often occurred in the prime of life. They had normal intracranial pressure and good prognoses using the conservative therapy. The majority of the elderly patients was in the steadiness type. Their main clinical manifestations included headache, dizziness, nausea, vomit, abnormal mentality and so on. Generally, there was no positive nervous systemic sign related to TSH. The prognoses of patients with the steadiness type treated by conservative therapy were satisfactory. The development type was common in the babies and children. This was mainly manifested as progressive increased intracranial pressure, mild hemiplegia, aphasia and abnormal mentality. The patients with development type often needed surgical treatment and might die once in a while due to accompanying cerebral parenchymal damage or postoperative complications. The evolution type was characterized by the polarized age, chronic increased intracranial pressure, often happening between 22 and 100 days after TSH and in the cases of small hydromas treated conservatively and mild accompanying cerebral damage, which always have a good prognosis by the

treatment of surgery.

Conclusions: The mechanism, clinical characteristics, treatment methods and prognoses varied with different types of TSH [2].

1)

Liu Y, Gong J, Li F, Wang H, Zhu S, Wu C. Traumatic subdural hydroma: clinical characteristics and classification. Injury. 2009 Sep;40(9):968-72. doi: 10.1016/j.injury.2009.01.006. Epub 2009 Jun 21. PubMed PMID: 19540485.

2)

Liu YG, Jia T, Liu M, Li XG, Zhu SG, Wu CY. [Type and its clinical characteristics of traumatic subdural hydroma]. Zhonghua Wai Ke Za Zhi. 2003 Oct;41(10):763-5. Chinese. PMID: 14766051.