

Traumatic parafalcine subdural hematoma

Guidelines for management of intracranial hemorrhage do not account for bleed location. We hypothesize that parafalcine subdural hematoma (SDH), as compared to convexity SDH, is a distinct clinical entity and these patients do not benefit from critical care monitoring or repeat imaging.

Methods: We identified patients presenting to a single level I trauma center with isolated head injuries from February 2016 to August 2017. We identified 88 patients with isolated blunt traumatic parafalcine SDH and 228 with convexity SDH.

Results: Demographics, comorbidities, and use of antiplatelet and anticoagulant agents were similar between the groups. As compared to patients with convexity SDH, patients with parafalcine SDH had a significantly lower incidence of radiographic progression, and had no cases of neurologic deterioration, neurosurgical intervention, or mortality (all $P < 0.005$). Compared to patients admitted to the intensive care unit, patients with parafalcine SDH admitted to the floor had a shorter length of stay (2.0 ± 1.6 versus 3.8 ± 2.9 d, $P < 0.005$) with no difference in outcomes.

Conclusions: Patients presenting with a parafalcine SDH are a distinct and relatively benign clinical entity as compared to convexity SDH and do not benefit from repeat imaging or intensive care unit admission ¹⁾.

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Cragun BN, Noorbakhsh MR, Hite Philp F, Suydam ER, Ditillo MF, Philp AS, Murdock AD. Traumatic Parafalcine Subdural Hematoma: A Clinically Benign Finding. J Surg Res. 2020 May;249:99-103. doi: 10.1016/j.jss.2019.12.019. Epub 2020 Jan 8. PMID: 31926402.

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Last update: **2025/04/29 20:25**

