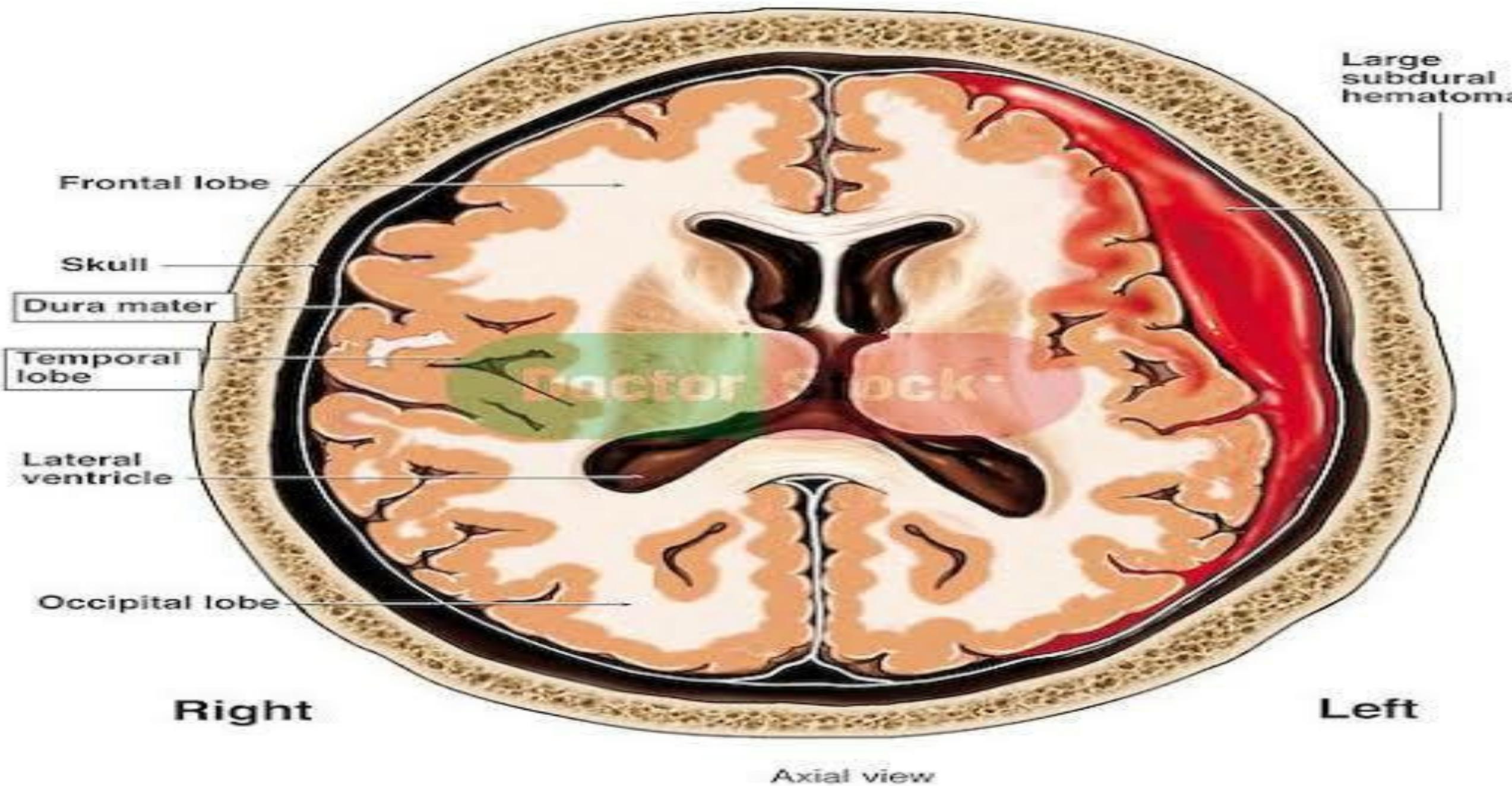


SUBDURAL HEMATOMA

Presented by:- Bhagawati Ray



DEFINITION

- A pool of blood between the brain and its outermost covering is called as subdural hematoma.
- Subdural haematoma can be a medical emergency. It's usually caused by a head injury strong enough to burst blood vessels.
- This can cause pooled blood to push on the brain. Age, blood-thinning drugs and alcohol abuse increase risk.

CLASSIFICATION

- Subdural hematomas are classified as acute and chronic, depending on the speed of their onset.
- Acute bleeds often develop after high-speed acceleration or deceleration injuries. They are most severe if associated with cerebral contusions. Though much faster than chronic subdural bleeds, acute subdural bleeding is usually venous and therefore slower than the arterial bleeding of an epidural hemorrhage.
- Chronic subdural bleeds develop over a period of days to weeks, often after minor head trauma, though a cause is not identifiable in 50% of patients. They may not be discovered until they present clinically months or years after a head injury. The bleeding from a chronic hematoma is slow and usually stops by itself.

CAUSES

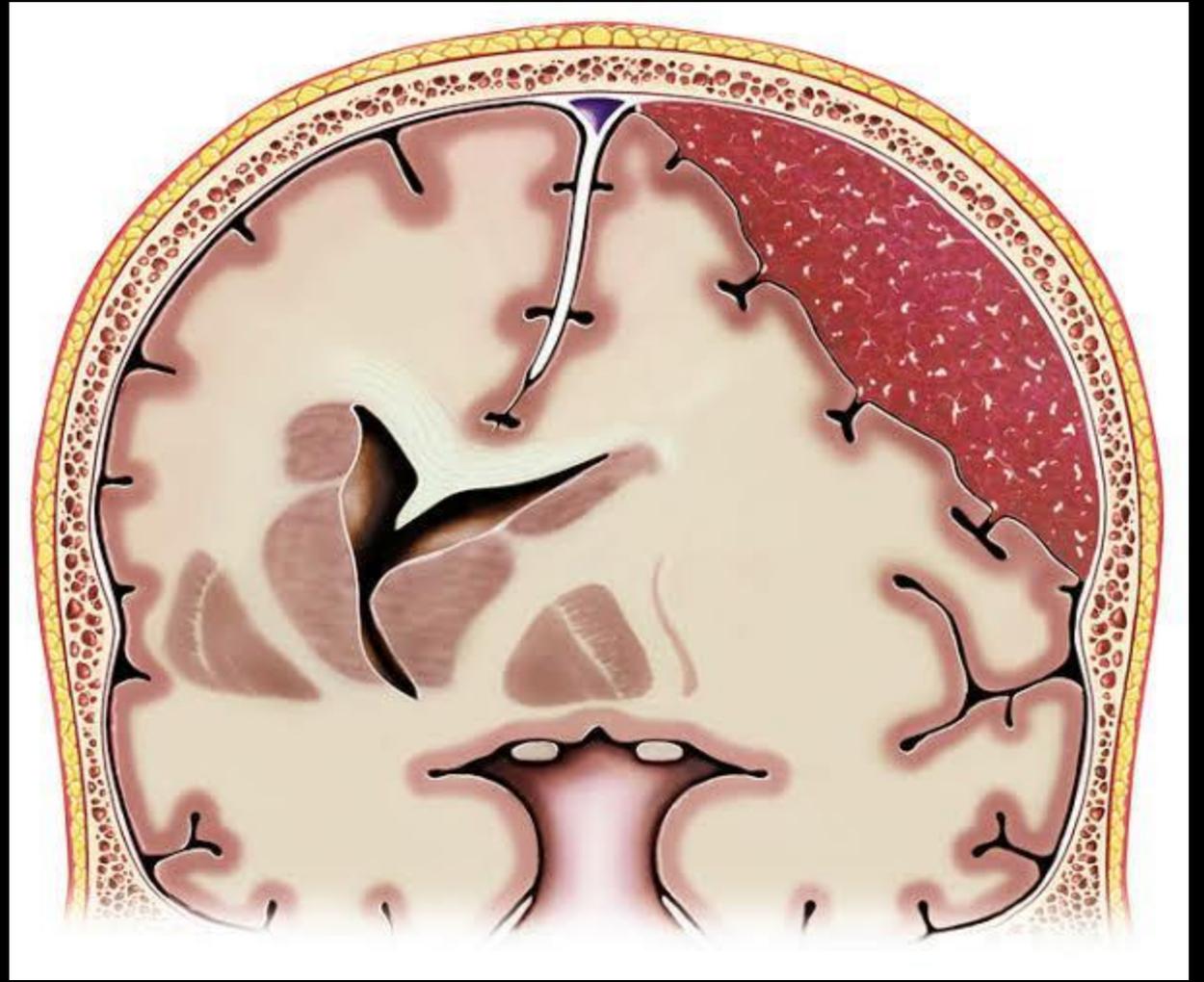
- Head injury
- It is common among elderly and alcoholics who have evidence of cerebral atrophy.
- It is also more common in patients on anticoagulants or antiplatelet medications, such as warfarin and aspirin, respectively. People on these medications can have a subdural hematoma after a relatively minor traumatic event.
- Another cause can be a reduction in cerebrospinal fluid pressure.

SIGNS AND SYMPTOMS

- Gastrointestinal: nausea or vomiting
- Whole body: dizziness or fainting
- Muscular: muscle weakness or weakness of one side of the body
- Also common: headache, difficulty swallowing, impaired voice, mental confusion, or sleepiness

DIAGNOSTIC EVALUATION

- History collection
- Physical examination
- Neurological examination
- CT scan
- MRI



MANAGEMENT

- Treatment of a subdural hematoma depends on its size and rate of growth. Some small subdural hematomas can be managed by careful monitoring as the blood clot is eventually resorbed naturally.
- Others can be treated by inserting a small catheter through a hole drilled through the skull and sucking out the hematoma.
- Large or symptomatic hematomas require a craniotomy. A surgeon opens the skull and then the dura mater; removes the clot with suction or irrigation; and identifies and controls sites of bleeding.

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- The injured vessels must be repaired.
 - Postoperative complications can include increased intracranial pressure, brain edema, new or recurrent bleeding, infection, and seizures.
 - Anticonvulsants can be administered to prevent seizure.

