

SUBDURAL HEMATOMA



■ ■ ■ Description

Bleeding (hemorrhage) that causes blood to collect and clot (hematoma) beneath the outermost of the three membranes (meninges) that cover the brain is called a subdural hematoma. There are two types of subdural hematoma. An *acute* subdural hematoma occurs soon after a severe head injury. It is the most common cause of death from injury in contact sports. A *chronic* subdural hematoma may develop weeks after a head injury. The injury may have been so minor that the patient does not remember it.

■ ■ ■ Common Signs and Symptoms

- Recurrent headaches that worsen each day, fluctuating drowsiness, dizziness, mental changes or confusion, weakness or numbness on one side of the body, vision disturbances (including blurred vision), and vomiting without nausea
- Eye pupils of different size (sometimes)

■ ■ ■ Causes

- Acute: Severe blow to the head that bruises and tears the brain and blood vessels
- Chronic: minor, even forgotten, head injury; blood in the enclosed space in the brain forms a hematoma that gradually increases with further bleeding

■ ■ ■ Risk Increases With

- Use of anticoagulant drugs (blood thinners), including warfarin (Coumadin), aspirin, and anti-inflammatory medications
- Bleeding disorders, such as hemophilia or aplastic anemia
- Contact sports (boxing, football, or hockey) and racing cars, motorcycle riding, cycling, or horseback riding

■ ■ ■ Preventive Measures

Avoid head injury by wearing protective head gear during contact sports or while riding a bicycle, motorcycle, or horse.

■ ■ ■ Expected Outcome

The degree of recovery depends on the general health and age of the patient, severity of the injury, rapidity of treatment, and extent of the bleeding or clot. After the clot is removed, brain tissue that has been compressed usually expands slowly to fill its original space. The outlook is good under the best circumstances.

■ ■ ■ Possible Complications

Death or permanent brain damage, including partial or complete paralysis, behavioral and personality changes, speech problems, and convulsions

■ ■ ■ General Treatment Considerations

Initial treatment, once the diagnosis is confirmed, involves surgical exploration and removal of the clot. If speech or muscle control has been damaged, you may need physical, occupational, or speech therapy. Once you have had a subdural hematoma, do not participate in contact sports.

■ ■ ■ Medication

- Steroid medications and diuretics reduce swelling inside the skull.
- Anticonvulsants may be prescribed to reduce the likelihood of convulsions.

■ ■ ■ Notify Our Office If

- You sustain even a moderate blow to the head
- You develop any symptoms of a subdural hematoma or hemorrhage; this is an emergency
- The following occur during or after treatment:
 - Fever
 - Red, swollen, or tender surgical wound
 - Worsening headache
 - Increasing drowsiness or unconsciousness
 - Nausea or vomiting
 - Increasing confusion or mental changes

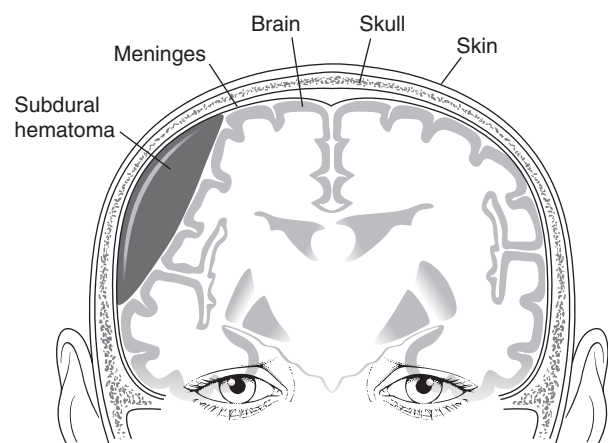


Figure 1

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Notes and suggestions