

Chronic Sub-Dural Haematoma

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Clinical Image

Cerebral haemorrhage is an important cause of Cardiovascular Accident (CVA) as well as the most severe variety of CVA. Chronic Sub-Dural Haematoma (SDH) means that there was bleeding which occurred several days back and the same has undergone change. There was midline shift due to pressure of the clotted blood. Treatment involves draining out of the blood by bar wholes or craniotomy depending upon the amount blood accumulated and size of the clot. Diagnosis requires besides clinical history/examination, diagnostic radiology like CT scan or MRI.

Trauma to the brain from a head injury is the most common cause of a chronic SDH. If you're 60 or older, you have a higher risk for this type of hematoma [1-3]. Brain tissue shrinks as part of the normal aging process. Shrinking weakens veins, so even a minor head injury may cause a chronic SDH.

Heavy drinking for several years is another factor that increases your risk for chronic SDH. Other factors include using blood-thinning medications, aspirin, and anti-inflammatory medications for a long period of time.

The CT scan shows that there is large collection of blood between the outer surface of the brain and inner surface of the duramater [4]. As a result, there has been midline shift on the opposite direction (Figure 1). The symptoms and signs include amongst headaches, nausea, vomiting, trouble walking, impaired memory, problem vision, seizures, and trouble with speech, trouble swallowing, confusion, numb or weak face, arms, or legs, lethargy, paralysis, and coma [5,6].

The most important cause of a subdural hematoma is preceded by a head injury. The bridging veins on the outer surface of the brain leaks and blood oozes out. After some time, the clotted blood undergoes changes. Occasionally, the blood oozes out and cause death of the patient. As a result, the patient may develop seizures, becomes irritable, and comatose. The condition may be diagnosed by CT or MRI of the Brain [7]. Treatment consists of draining of the blood or clots by making burr holes or if it is large by craniotomy. Small collection of

blood which is not causing symptoms may be left alone because SDH often recurs.

Complications include convulsions, permanent brain damage, anxiety, confusion, dizziness, headache, and memory loss. Prognosis after recovery is variable. The prognosis is guarded if seizures continue, and if cerebral degeneration continues. Those receiving anticoagulant therapy for some other condition should be advised regarding continuation of such therapy [8].

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Figure 1: Figure shows right sided large haematoma with midline shift.

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Received July 18, 2017; Accepted July 24, 2017; Published July 26, 2017

Citation: Bhattacharya SK, Bhattacharya D, Banerjee A, Ganguly S, Azim S (2017) Chronic Sub-Dural Haematoma. *J Mol Biomark Diagn* 8: i104. doi: [10.4172/2155-9929.1000i104](https://doi.org/10.4172/2155-9929.1000i104)

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