SUBDURAL HEMATOMAS

ESSAY

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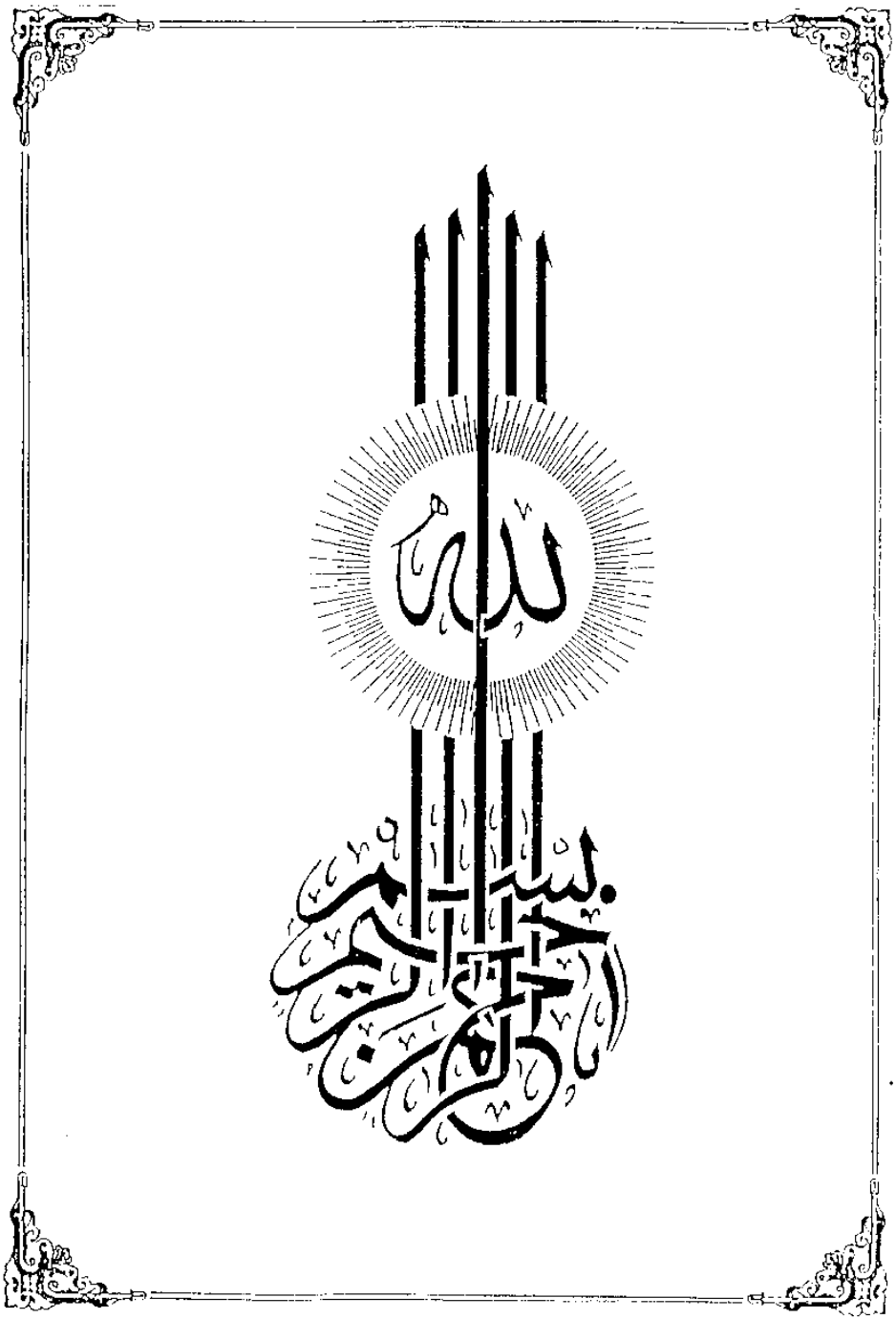

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DEDICATED TO ....

MY PARENTS

MY WIFE

WHOSE LOVE AND UNDERSTANDING
HAVE MADE EVERYTHING IN
LIFE WORTHWHILE

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INTRODUCTION

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Subdural hematoma is de fined as the presence of blood within the subdural space. They are generally divided into acute variety and those which present in a chronic or subacute fashion. Although all varieties have in common the presence of blood within the subdural space, they are dissimilar in most other respects-temporal course, signs and symptoms, pathogenesis, treatment, and outcome **(Cooper 1982).**

Subdural hematoma is commonly associated with trauma, although the injury may be so slight that no history of trauma is obtained in chronic subdural hematoma especially in older people **(Bakay and Glasaeur 1980).**

The degree of cerebral displacement and herniation, not the increased intracranial tension alone, account for most of the clinical manifestation **(Becker et al. 1990).**

There are various diagnostic procedures being used for diagnosis of subdural hematomas.Out of them, Computed tomography (CT) scanning is of choice for the diagnosis of subdural hematomas in the acute, subacute and chronic stages **(Bakay and Glasacur 1980).** Magnetic resonance imaging (MRI), at recent times, may be as sensitive as CT in detecting acute hemorrhages and definitely superior in delineating subacute and chronic extra-axial hematomas **(Becker et al. 1990).**

Subdural hematomas assume a major surgical importance, as they may need an urgent operation to evacuate the hematomas.

AIM OF THE WORK

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The object of this study is to revise the literature about subdural hematoma including the following items:

1- Anatomy of the subdural space.

2- Pathogenesis.

3- Clinical course: signs and symptoms.

4- Diagnosis.

5- Treatment.

6- Outcome.

Also, includes study of 55 patients with subdural hematomas to present the age & sex incidence, etiology, clinical features, methods of diagnosis, management, and its results.

LITERATURE REVIEW

HISTORICAL BACKGOUND

HISTORICAL BACKGROUND

Head injuries must have been common since pre-historic times, but there do not seem to have been any direct reference to acute subdural hematomas as such in the classical periods.

Ambrose Pare' describe the case of Henry II of France who died in 1559 of an acute subdural hemorrhage following a frontal wound. Glandorp described an acute subdural hematoma in 1619. Only a few courageous surgeons such as Meck'ren (1682), advised opening the dura mater to drain pus or blood. John Abernthy (1811) a pupil of Hunter, described extradural and subdural hematomas. Fatal infection often occured after opening of the dura and this led to insistence on the need to leave the dura intact if it were not already torn **(Ramamurthi 1976)**.

Chronic subdural hematoma was recognized by Wepfer in 1657 and Morgagni in 1747, both of whom identified the occurrence of blood cysts under the dura. Houssard thought that a subdural hematoma was of inflammatory origin. In 1857. Virchow presented his important studies reporting that the condition was due to an inflammation of the dura. According to this author, the inflammation of the dural layer resulted in the formation of an underlying membrane due to deposition of fibrin which become organized. The layer being