

# Migration of Blood is the Key Pathogenesis of Distant Spinal Hemorrhages from Cranial Regions: Review of 36 Cases in the Literature

Chang Hyun Oh MD; Gyu Yeul Ji MD; Seung Hyun Choi; Jung Hoon Kim MD; Dong Ah Shin

Department of Neurosurgery, Guro Teun Teun Hospital, Seoul, Korea

Department of Neurosurgery, Yonsei University College of Medicine, Severance Hospital, The Spine and Spinal Cord Institute, Seoul,

Korea

#### Introduction

Coexistence of cranial and spinal subdural hematomas is rare and the pathogenesis of simultaneous intracranial and spinal subdural hematoma yet remains unclear. Herein, the authors conducted a systemic review of case reports in the literatures.

### Methods

The electronic databases search was perforemed at Feburary, 2013. Each articles was then obtained in complete or abstracted form and further publications in the references of each text were obtained and analyzed. Total 123 cases of distant hemorrhages between cranial and spinal regions were reported in the literature. Among them, 36 cases of distant hemorrhages originated form cranial region were reviewed.



Distribution of Age



Results Among 123 case

Among 123 cases of distant hemorrhages between cranial and spinal regions in the literature, 36 cases of distant hemorrhages originated from cranial region were observed. The sex, age, anti-coagulant medication, location of cranial hemorrhage were not associated with the development of distant hemorrhages. The possible pathogenesis of distant hemorrhages originated form cranial region was progressive migration of subdural blood to the most dependent areas of the lumbosacral region under the influence of gravity with strong evidence of case reports. The most clinical result was good, but unexpected courses were also observed. The recommend treatment was conservative, but the surgical decompression was also recommended, if it needed.



Intradural space is the key pathogenesis of distat spinal heorrhage from cranial regions

## Conclusion

Coexistence of cranial and spinal SDH is rare. The progressive migration of subdural blood to the most dependent areas of the lumbosacral region under the influence of gravity with strong evidence of case reports. Most clinical result was good, but unexpected courses were also observed. Clinical careful attention is needed to the clinician

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