

Introduction

Bilateral Intracranial subdural Hematoma (SDH) associated with an extension to the spine are fairly uncommon. The acute progression of spinal hemorrhage can lead to devastating neurologic sequelae. Other symptoms may include headaches, dizziness, back and neck pain. Other causes of this entity were ruled out by history, physical examination and neuroimaging.

Methods

The condition can be spontaneous or caused by bleeding dyscrasias, anticoagulants, trauma, iatrogenic procedures, and vascular malformations. The authors in this case describe a 77 year old female with a past medical illness of atrial fibrillation, hypertension, dyslipemia, osteoporosis and vascular cerebral accident. The patient was transferred from another hospital as an elective admission with an alert level of consciousness and a history of fall. The clinical and imaging data of this patient confirmed the diagnosis. Patient underwent bilateral burr hole and craniotomy for evacuation of the SDH, C4-C6 laminectomy and T12-L1 Laminectomy were performed for decompression and a subdural lumbar drain was placed. patient condition rapidly deteriorated in the Intensive care unit. Multiple underlying conditions has led to her demise.

Learning Objectives

our approach and regimen to treating patients with bilateral subdural hematoma with spinal complications.

Prompt surgery in a timely matter can help save those patient from d

Results

The Mechanism of the disease is still unclear. One theory suggests that the pressure from cranial space may increase shearing force between spinal subdural and subarachnoid spaces, so the inner dura may tear and bleed in the arahnoidal space. Unlike the intracranial subdural space, the spinal subdural space is an avascular space, thereby assuming that hemorrhage in subdural space might come from a subarachnoid source. The finding of accompanying subarachnoid hemorrhage was found in several cases. Surgery was indicated in this case because the patient condition was shifted from moderate to severe with extensive hematoma to the spinal cord in lumbosacral region with positive neurological deficit.

Conclusions

We report a case of traumatic bilateral SDH which is rarely associated with Spinal SDH, a potentially life-threatening condition.

[Default Poster]

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