

Miraculous Near-Full Recovery from Acute Subdural Hematoma

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Abstract:

An acute subdural hematoma (SDH) is a clot of blood that develops between the surface of the brain and the dura mater, usually due to stretching and rupture of veins on the brain's surface, when a head injury suddenly jolts or shakes the brain. Traumatic acute SDHs are among the most lethal of all head injuries. In severe generalized brain injury, they occur with cerebral contusions. SDHs are seen in 10 to 20% of all traumatic brain injury cases and contribute up to 30% of fatal injuries.

Keywords: trauma brain injuries (tbi); concussion injuries; subdural hematomas (acute & chronic sdh); epidural haemorrhage (edh); craniotomy; burr-hole surgery

Introduction

People with mild TBIs are expected to improve and return to their pre-injury functioning within days to a few months. Moderate to severe TBIs can cause more significant difficulties with changes to their thinking and behaviour. The cornerstone of the management of TBI is the intensive care of these patients with careful attention to the airway, oxygenation, and adequate hemodynamic support to avoid the secondary injuries such as hypoxia and hypotension that are associated with events. The prognosis and outcomes of SDH in India are not very encouraging as only about 20 to 30% of patients will recover full or partial brain function. Postoperative seizures are relatively common in these patients. Favourable outcomes are most common in patients who receive rapid treatment, younger adults, patients with a GCS score above 6 or 7 and reactive pupils, and those without multiple cerebral contusions or unmanageable pressure on the brain. A near full recovery will largely depend on how severe the damage to the brain was and how soon the pressure on the brain from hematoma was relieved.

This article is an autobiographical case report of a Traumatic Brain Injury (TBI) resulting in acute subdural haematoma (SDH) following a fall from a height of 5 meters from the second floor of a building under construction on 20 December 2020 and a miraculous recovery due to timely intervention at a private tertiary care facility in Kerala, India. Apart from TBI, I also had a haemothorax due to blunt chest wall trauma, and other minor injuries. While Primary care facility did a good job of initial assessment, emergency interventions and referral. The tertiary referral hospital managed well doing a burr-hole surgery and intracranial drainage (ICD) tube insertion and keeping under observation and managing for 10 days and discharging after regaining consciousness. Near total recovery took 12 weeks and follow-up

for a year. However, the bad news was a secondary (intermediary) referral hospital wasted a few precious hours in physical examination, investigations, despite not having a neurosurgeon, who could do any intervention, thereby increasing the overall cost of management.

This case is unique because i) Acute SDH was managed by Burr hole Intra cranial drainage (ICD) instead of standard craniotomy or craniectomy ii) Despite the actual intervention taking more than 10 hrs, the outcome of near complete recovery iii) The global favourable outcome for an initial GSC score of 1-3 being very low (<10%), near complete recovery. iv) A precious 6-7 hours were wasted at an intermediary hospital and unnecessary investigations done v) Haemothorax managed conservatively

Materials and Methods:

Being an autobiography, as I was unconscious for three days immediately after, the fall with continuous seizure, the immediate history and management story is elicited from friends and discharge summaries and consultations with the doctors of the three facilities. The review of literature and a few case studies of SDH form the key inputs.

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