

Subdural Hemorrhage After Minor Trauma

Yaser Kaplan, Anıl Yoldaş, Ali Karakus *

Hatay Mustafa Kemal University, Faculty of Medicine, Emergency Medicine, Hatay, Turkey.

***Corresponding Author:** Ali Karakus, Hatay Mustafa Kemal University, Faculty of Medicine, Emergency Medicine, Hatay, Turkey.

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The clinical findings of patients with subdural hemorrhage depend on the severity of trauma and the rate of expansion of the hematoma. It is classified according to the application period. Acute subdural hemorrhage manifests within 24 hours and conscious regression is observed. Subacute hemorrhages show symptoms between 24 hours and 2 weeks, and chronic subdural hemorrhages after 2 weeks. It comes with fainting and nonspecific symptoms.

A 24-year-old male patient is admitted with the complaint of mild headache for 3 days. The patient is conscious, cooperative, oriented. Glasgow coma scale:15 The patient says he hit his head on the windowsill 1 week ago. On physical examination, no hematoma or any lesion is detected on the scalp. Neurological examination is normal. The patient reports that he had a headache of this severity before. Blood pressure: 100/60 Pulse: 97 Spo2:98 Fever: 36.5. In the brain CT taken, a slightly hyperdense appearance in the right frontoparietal region, which reaches 2 cm in width at its widest part in the subdural space, is detected in the first plan, which is considered compatible with acute-subacute period subdural hematoma. The patient diagnosed with subdural hematoma is hospitalized in the Neurosurgery intensive care unit and operated.

Mortality of patients with subdural hematoma who needs surgery is between 40-60%. Trauma should be questioned in the history of patients presenting with headache. It should be kept in mind that intracerebral hemorrhages may occur even with minor trauma and may present days later with nonspecific or subtle symptoms.

Key words: headache; minor trauma; subdural hemorrhage

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