

HKSH Neurosurgery Centre

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Consultation by Appointment

Admiralty

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Chronic Subdural Haematoma



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Chronic subdural haematoma refers to collection of blood-stained fluid within the subdural space, the space between the meninges and brain surface. It results in pressure effect on the brain.

The formation of chronic subdural haematoma is complex. It usually starts with head injury. Blood may accumulate in the subdural space. When the body tries to absorb the blood clot, it may trigger a process of inflammation. It leads to the formation of some small vessels around the blood clot. When the blood clot turns into liquid, the volume may expand and exert pressure on the brain.

The causative injury can be quite trivial and some patients may not be able to recall the related incidence.

Chronic subdural haematoma is more common in elderly patients. The brain usually shrinks with age, leaving the blood vessels hanging in the subdural space. Chronic alcoholic patients share the same problem of brain shrinkage. A minor head injury can result in bleeding within the subdural space because of that. The risk of bleeding is also higher in patients on antiplatelet drugs (e.g. aspirin) or anticoagulants.



Symptoms

The symptoms usually are not obvious at the early stage because the haematoma develops slowly. Patient starts to experience it until pressure has built up. Symptoms include limb weakness, slurring of speech, confusion, headache or epilepsy.

Diagnosis

After assessment by doctor, computer tomography (CT) scan of brain or magnetic resonance imaging (MRI) of brain is done for confirming the diagnosis.

Treatment

Burr hole or craniotomy is performed to remove the haematoma and its pressure effect on the brain. It is usually done under general anaesthesia, and can also be done under local anaesthesia if needed. Operative risk is usually considered not high.

Prevention

Fall prevention is important in preventing subdural haematoma, especially in the elderly population. Please seek immediate medical attention if there is persistent headache or focal neurological deficits (e.g. limbs weakness or slurring of speech) after head injury. Patients are advised to avoid strenuous exercise in the early period after operation to reduce the chance of recurrence.