



## Sub Dural Hematoma: A Case Study

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### ABSTRACT

Subdural hematoma is a type of bleed inside your head. It's a type of bleed that occurs within your skull but outside the actual brain tissue. A pool of blood between the brain and its outermost covering. Subdural hematoma can be a medical emergency. It's usually caused by a head injury strong enough to burst blood vessels. This can cause pooled blood to push on the brain. Age, blood thinning drugs and alcohol abuse increase risk. I am presenting a case study report of a 57 years old male, admitted in the hospital at IGMC, Shimla, Himachal Pradesh with the history of fall and loss of consciousness.

Keywords: Subdural hematoma (SDH), Frontotemporoparietal (FTP), Unconsciousness, Craniotomy

### 1. INTRODUCTION

Subdural hematoma (SDH) is a common neurosurgical disorder that often requires surgical intervention. It is a collection of blood that accumulates inside the skull but outside the brain. The blood collects between the layers of tissue that surround the brain. The outermost layer is called the dura (bleeding occurs between the dura and the arachnoid layer). There are three types of SDH acute, sub-acute and chronic. Most common cause is head injury. If pressure inside the skull rises to a very high level, a subdural hematoma can lead to unconsciousness and death. Symptoms include ongoing headache, confusion and drowsiness, nausea and vomiting, slurred speech and changes in vision.

### 2. Case presentation

A patient aged 57 years old male admitted in the hospital IGMC Shimla, H.P. with the history of fall from height near dhami around 1:00 pm on 5-04-2022 and loss of consciousness. Patient GSC score was E<sub>1</sub> V<sub>1</sub> M<sub>4</sub> and after that patient was intubated. Patient having traumatic brain injury after NCCT head patient diagnosed with left subdural hematoma parieto-temporal region with left SAD parieto-temporal region with mid-line shift of 15.6mm towards (R) parietal & temporal bone .

**Present surgical history:** Patient undergone the surgery of left FTP decompressive craniotomy

### 3. GENERAL EXAMINATION

**Weight:** 68 kg

**Height:** 162 cm

**BMI:** 25.9 kg/m<sup>2</sup>

### 4. SPECIAL INVESTIGATION

On examination patient pulse was absent and spo<sub>2</sub> level also decreased. Other investigation has been done like x-rays, NCCT head, ECG, ABG, CBC, LFT, RFT. Patient haemoglobin level was 8.8g/dl.

### 5. TREATMENT

Inj. Eptoin 100 mg IV TDS , Inj. Labetalol 20mg IV BD, Inj. Lasix 20mg IV BD, Inj Ceftraxione 1g IV BD , Inj NTG infusion 5ml/hr.  
One unit Whole blood and Platelet rich plasma was administered

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## 6. INTERVENTIONS

Left FTP decompressive craniotomy was done.

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## 7. CARE PLAN

NG feeding was given according to the diet.

CVP care was done.

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## 8. OUTCOME

Patient GCS score was E<sub>2</sub>V<sub>1</sub>M<sub>4</sub> and vital signs are improved. Patient put on T-piece. After blood transfusion patient haemoglobin level was 9.3g/dl.

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## 9. CONCLUSION

Subdural hematoma is an emergency condition in which collection of blood on the brain surface, under the outer covering of the brain (dura). Patient admitted in IGMSC Shimla with history of fall from height and loss of consciousness, after investigation diagnosed with SDH. Left FTP decompressive craniotomy was done. Patient haemoglobin level is low. After one unit of WB and PRP transfusion Hb raised to 9.3g/dl. Now the patient condition is improved.

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## 10. DISCUSSION

Patient diagnosed with subdural hematoma (SDH). Diagnosis is based on physical examination, health history and some imaging tests like, X-rays, NCCT Head, ECG and also blood investigations. Patient was intubated and the treatment given according to the condition. Medication was given through CVP like infusion and other injection.

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