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Subdural Hematoma: A Case Report

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ABSTRACT

A subdural hematoma is a collection of blood between the dura and the brain, a space normally occupied by a thin cushion of fluid. The most common cause of subdural hematoma is trauma, but it can also occur as a result of coagulopathies or rupture of an aneurysm. A subdural haemorrhage is more frequently venous in origin and is caused by the rupture of small vessels that bridge the subdural space. A 40-year-old male presents with the chief complaint the of altered sensorium, vomiting episode 1, bleeding from his head, ear and the nose at Govt.Hospital, Shimla during the month of February' 2025. After physical examination and radiological investigation, Patient was diagnosed as subdural hematoma.

Key words: Coagulopathies, Aneurysm, Hematoma.

1. INTRODUCTION

A subdural hematoma is a collection of blood between the dura and the brain, a space normally occupied by a thin cush-ion of fluid. The most common cause of subdural hematoma is trauma, but it can also occur as a result of coagulopathies or rupture of an aneurysm. A subdural hemorrhage is more frequently venous in origin and is caused by the rupture of small vessels that bridge the subdural. The subdural hematoma that results may be acute, sub-acute, or chronic, depending on the size of the involved vessel and the amount of bleeding.

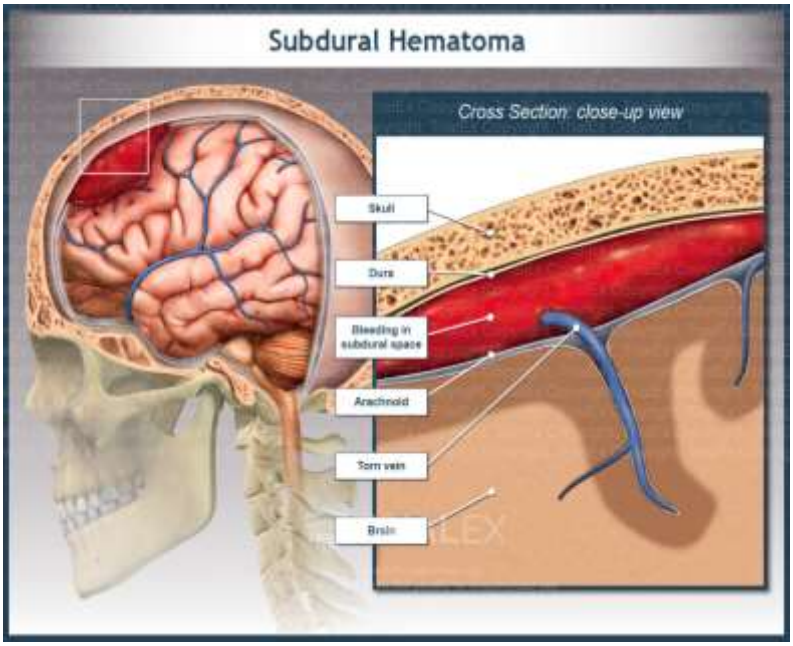

Fig.1: shows the location and layer of subdural Hematoma

2. CASE PRESENTATION

A 40-year-old male presents with the chief complaint the of altered sensorium, vomiting episode 1, bleeding from his head, ear and the nose at Govt.Hospital, Shimla during the month of February' 2025. After physical examination and radiological investigation, Patient was diagnosed as subdural hematoma with GCS Score of E4V2M5

Past medical history:

Patient does not have any significant past history of communicable disease and non-communicable diseases. Not allergic to any drug or food.

Present history of illness:

A 40-year-old male was drunk and fall from a height under the influence of alcohol and was admitted to emergency ward. with severe injury to head with multiple haemorrhagic contusion with the chief complaint of altered sensorium, vomiting episode 1, bleeding from his head and, ear or the nose. His GCS score was E4V2M5 Patient was intubated on the same day with Endotracheal Tube and put on ventilator for respiratory support.

Mode of ventilation: Volume Control: Synchronised intermittent mandatory ventilation

PEEP	**5cmH2O**
VT	**434**
MV	**25**
FiO2	**50%**
PS	**10cmH20**

Chief complaints:

Patient with the chief complaint of altered sensorium, vomiting episode 1, bleeding from his head, ear and the nose.

General examinations:

- Weight: 50kg
- GCS: 11/15
- Blood pressure: 15 breath/min
- Pulse rate: 106 beats/min
- SpO_2: 99% x

Special investigations:

Routine blood profile, NCCT, serum creatinine, ECG.

Treatment:

DRUG	DOSE	ROUTE	FREQUENCY
Inj. Ceftriaxone	1gm	I/V	BD
Inj. Eptoin	1mg	I/V	TDS
Inj. Mannitol	500mg	I/V	TDS
Inj. Pantop	40mg	I/V	BD
Inj. Midazolam	2g	I/V	SOS
Inj. PCM	1mg	I/V	TDS
Inj. Lasix	20mg	I/V	BD
Inj. thymine	300mg	I/V	TDS
Inj. Emset	4mg	I/V	BDPC

Surgical intervention:

Craniotomy: A craniotomy involves opening the skull surgically to gain access to intracranial structures. This procedure is performed to remove a tumor, relieve elevated ICP, evacuate a blood clot, or control hemorrhage.

Description of procedure:

Usually over the location of the hematoma, the surgeon makes a linear or curved incision in the scalp. Following the incision, a portion of the skull is removed after the surrounding tissues are meticulously dissected to reveal the underlying skull. To make a flap that provides access to the brain underneath, the bone is carefully removed. A burr hole is used to form a bone flap, and a craniotome is used to extend the cut.

The subdural hematoma is carefully removed following the opening of the skull and the dura mater incision. The blood that has gathered between the dura and the brain must be suctioned out. After that, the skin is approximated to guarantee appropriate healing and the scalp is closed with staples or sutures. To lower the risk of infection, the surgical site is covered with a sterile dressing.

Pre operative orders:

The patient was kept NPO for six hours before surgery, GCS monitoring and pupil reaction to light was checked. surgical site preparation done, and After Written consent preoperative medications such as Inj.Piptaz 2.5 gm IV ATD.

Surgical note:

- Incision in the right fronto temporal region.
- Subdural hematoma has evacuated with the help of suction.
- Covidien Surgical stapler was used for closing the scalp
- Hitch stiches done with 4- 0 vicryl

Post operative orders:

The patient was doing well and there was no complication reported, continuous GCS and vitals monitoring was done, and the surgical site was kept clean and dry. Maintain head of bed elevated 30-45 degrees, with neck in neutral alignment. Avoid positioning patient on operative side. The arm movement of patient was restricted. He was prescribed with antibiotics, analgesics and vitamin supplements.

Care plans: Nursing intervention on ineffective breathing pattern, risk for ineffective cerebral tissue perfusion, fluid electrolyte imbalance, sleep pattern disturbances related to hospitalization were given.

3.DISCUSSION

Acute subdural hematomas are associated with major head injury involving contusion or laceration. Clinical symptoms develop over 24 to 48 hours. Signs and symptoms include changes in the LOC, pupillary signs, and hemiparesis. There may be minor or even no symptoms with small collections of blood. Increasing blood pressure, decreasing heart rate, and slowing respiratory rate are all signs of a rapidly expanding mass requiring immediate intervention. Clinical manifestations usually appear between 48 hours and 2 weeks after the injury.

If the patient can be transported rapidly to the hospital, an immediate craniotomy is performed to open the dura, allowing the subdural clot to be evacuated. Successful outcome also depends on the control of ICP and careful monitoring of respiratory function.

A craniotomy involves opening the skull surgically to gain access to intracranial structures. This procedure is performed to remove a tumor, relieve elevated ICP, evacuate a blood clot, or control hemorrhage.

4. CONCLUSION

A 40-year-old male was drunk and fall from a height under the influence of alcohol and was admitted to emergency ward. with severe injury to head with multiple haemorrhagic contusion with the chief complaint of altered sensorium, vomiting episode 1, bleeding from his head and, ear or the nose .and underwent craniotomy surgery. The prognosis was good, and the patient is now under recovery care

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