SUPRATENTORIAL SUBOCCIPITAL SUBDURAL HAEMATOMA
Case Report

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ABSTRACT:

A case of supratentorial suboccipital subdural haematoma (SSSH) is presented and discussed. This form of subdural haemotoma is very rare and only a few cases have been reported previously in the literature. This is an acute case of SSSH, without any signs of neuropathology. On computerized tomography (CT), an isolated SSSH was observed and treated conservatively.

KEY WORDS :

Head injury - Subdural haemotoma - Supratentorial suboccipital subdural haemotoma

INDRODUCTION:

Supratentorial suboccipital subdural haematoma (SSSH) is a very rare form of intracranial haematoma, and of the four cases previosly reported in the literature (4,6). On CT, some presented with subdural haematoma of other localizations or additional parenchymal lesions. Our case, of traumatic origin and with isolated acute supratentorial suboccipital subdural haematoma on the left, is presented and discussed as a rare clinical entity.

CASE REPORT:

This 46-year-old man, fell and hit his head when drunk There was a history of headache and nausea but no loss of consciousness. There was a small scalp laseration on the right parietally, which did not need suturing, and an echimosis on the right, peri-orbitally. Skull x-rays and neurological examination were normal. CT was taken without intravenous contrast material axial as well as coronaly. Axial cross sections revealed a homogeneous rise of density in the left tentorium (Fig. 1). Coronal cross sections ravealed SSSH (Fig. 2). Conservative treatment was beneficial.

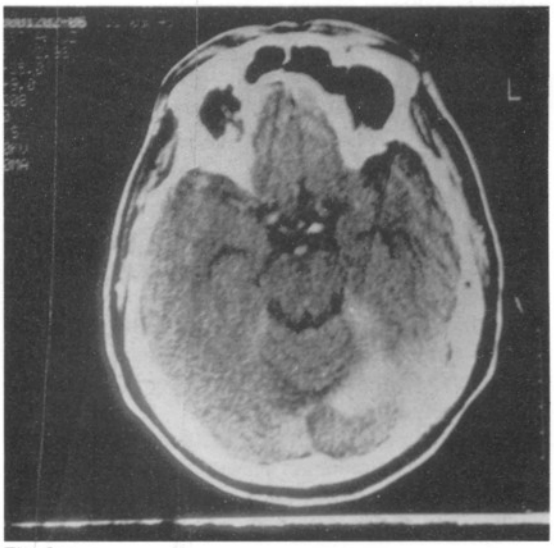

Fig. 1 :

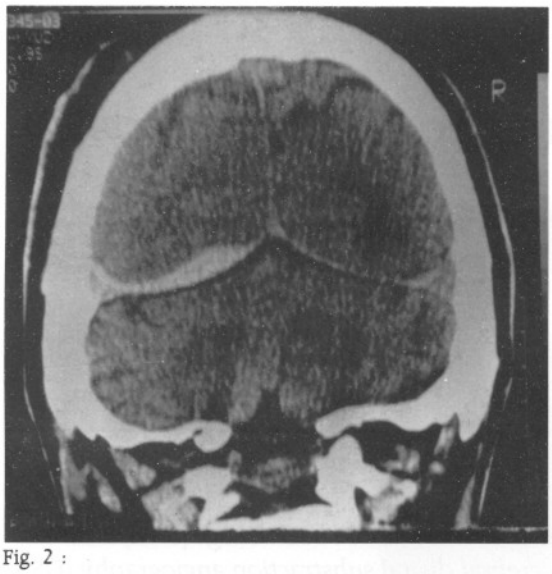

Fig. 2 :

DISCUSSION

SSSH is a rare clinical entity, first described by Rieth and Davis in 1979, with 3 cases (4). İn 1983 Swayne and Garfinkle reported a 7O-year-old woman with diabetes mellitus embolization and a history of anti-coagulation therapy. CT revealed a hyperdense area on the right tentorium, anterior extension on the right pyramis and a subdural haematoma on the right lateral posterior falx (6).

Neurological examination was normal and CT showed an isolated SSSH on the left with no subdural haematoma elsewhere and no additional parenchymal lesion. There was no aedema or mass-effect present around the lesion. The cerebellar and vermian sulci were normal.

In serious head traumas, the incidence of acute subdural haematoma is about 1O-15 %, and the procedure for diagnosis is CT (1,2,5,7,8). İn isolated cases of SSSH, CT reveals supratentorial lesions with a rise in density, not trespassing the mid-line and showing no mass-effect (6).

Acute subdural haematomas can have a mortality up to 31-33 % (1). Should a parenchymal injury accompany the lesion, the mortality rate rises and the preferred procedure would be surgery (1,3). Even though in our case, there was no neurological sign present, other than headache and nausea, CT revealed an isolated SSSH on the opposite side, paradoxal to the physical signs. Although this case was an acute subdural haematoma, it was rather interesting because of the clinical signs and isolated location on CT. Since the neurological picture remained stable, conservative treatment was beneficial.

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