

## **General information on subdural hematomas**

“The relationship of chronic subdural hemorrhage to head injury is not always clear. In many elderly persons there is no history of trauma, but in other cases a head injury, often trivial, precedes the onset of symptoms by several weeks. The clinical presentation is usually with mental changes such as slowness, drowsiness, headache, confusion, memory disturbances, personality change, or even dementia. Focal neurologic deficits such as hemiparesis or hemisensory disturbance may occur but are less common. CT scan is an important means of detecting the hematoma, which is sometimes bilateral. Treatment is by surgical evacuation to prevent cerebral compression and tentorial herniation.”

**(Current Medical Diagnosis and Treatment, 37<sup>th</sup> edition. Tierney, LM, McPhee, SJ, and Papadakis, MA, Eds. Appleton & Lange, 1998.)**

“Acute subdural hematomas usually manifest symptoms within 24 to 48 hours after severe trauma. Symptoms of subacute subdural hematoma may develop anywhere from 48 hours to 2 weeks after severe head injury. Chronic subdural hematomas develop weeks, months, and possibly years after an apparently minor injury. The chronic type of subdural hematoma is most common for those individuals in the 60-70-year age group because atrophy of the brain permits more room for expansion.” **(Mosby’s Clinical Nursing, third edition. Thompson, et al, Eds. Mosby, 1993.)**