

Primary Enlarged Craniotomy in Organized Chronic Subdural Hematomas (OCSH)

Giorgio Maria Callovini, Andrea Bolognini

U.O.C. di Neurochirurgia

Azienda Ospedaliera San Giovanni- Addolorata

Roma

Abstract

Objectives: The aim of the study is to evaluate the efficacy of craniotomy and membranectomy as initial treatment of organized chronic subdural hematoma (OCSH) in over 65 year's old patient.

Materials and methods: From 2002 to 2010, 175 patients suffering from CSDH were treated at our institution, 34 cases (19% of the series) were suffering from multilobule, multilayered hematomas with extensive septations. In suspicion of a complex architecture of the hematoma all cases were subjected to MRI or contrast CT in order to define the actual structure of the hematoma itself.

26 patients (76%) are over 65 years old ranging in age from 65 to 89 years (mean 78). We retrospectively reviewed the series of 26 consecutive patients suffering from OCSH

All cases were treated by craniotomy and membranectomy, with irrigation and closed-system drainage. The limits of craniotomy were based upon the extension of the hematoma.

Results: the reason why some hematomas evolve towards a complex and organized architecture remains unclear; the most common aspect to come to light was the "long standing" of the CSDHs which, in our series, had an average interval of 10 weeks between head injury and initial scan. Recurrence was found to have occurred in two patients (7% of cases) in the form of acute subdural hematoma. One patient died as the result of an intraventricular and subarachnoid haemorrhage, while two patients (7%) suffered an haemorrhagic stroke ipsilateral to the OCSH. 89% of cases had a good recovery, while 11% remained unchanged or worsened.

Conclusion: in select cases, based on the MRI appearance, primary enlarged craniotomy seems to be the treatment of choice for achieving a complete recovery and a reduced recurrence rate in OCSH.