

SURGICAL TREATMENT OF SUBDURAL CHRONIC HAEMATOMA

Retrospective study on 461 patients

INTRODUCTION

Subdural chronic hematoma (SDCH) is one of the most frequent neurosurgical disorder in the elderly. Diagnosis is confirmed through imaging exams such as head CT scan or brain MR. Management could be hard because of the different and life-threatening complications and because of comorbidities.

METHODS

A series of 461 patients submitted to surgical procedures for SDCH evacuation at Ospedale Maggiore Policlinico of Milan, between 2005 and 2010, was analyzed. The surgical technique is standardized: local anesthesia followed by a burr-hole craniectomy and post-operative subdural drainage positioning were performed. A retrospective analysis of epidemiological data, clinical characteristics, intraoperative features and clinical outcome, was performed.

RESULTS

SDCH is principally a disease of the elderly (mean age of 74), mostly regarding males; the median stay at hospital resulted of 9 days. In the 74 % there was a cranial trauma in the last weeks or even months. The 15 % of patients took oral anticoagulant therapy, while the 31 % were treated with anti-aggregants. As regards morbidity, recurrence was observed in the 4 % of hospitalized patients; in another 4 % recurrence appeared within 6 months from discharge. The 62% of patients, who experienced recurrences, took OAT or antiaggregants. The in-hospital mortality was 2 %, generally after severe pulmonary or even general infections; the follow-up reached 19 months with 39% of mortality: in this group the mean age was superior to that of the general group. Most patients presented clinical problems, such as cardiovascular impairment, fractures diatesis or a history of tumours: in the 13 % we observed a clinical failure of these afflictions.

CONCLUSION

Surgical treatment of SDCH is widely accepted as technically "easy". Different complications, such as recurrence and the clinical failure of comorbidities, can burden SDCH treatment. Moreover the long-term mortality is high, revealing that SDCH is not a benign disease. For this reason SDCH could be considered as a sentinel event relative to the general clinical state of the patient: SDCH patients have a long-term survival lower than subjects of the same age.