Spontaneous Rapid Resolution of Acute Subdural Hematoma: Revelation in the Era of Modern Science

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Introduction

Acute subdural hematoma (SDH) with mass effect and midline shift is an indication for emergency surgery in neurotrauma. A very few case reports were present in the literature showing rapid resolution of acute SDH with improvement in clinical condition of the patient within hours after trauma. In this article, we presented a case of acute SDH that showed almost disappearance of hematoma within 5 hours after trauma.

Case Details

A 74 years old male patient presented with a history of sustaining injuries due to trauma. He lost consciousness immediately after trauma for a period of 10 minutes and regained consciousness but drowsy. He was evaluated with computed tomography (CT), which was done after 1 hour from the time of trauma and diagnosed to have a right frontoparietal acute SDH with mass effect and midline shift with right temporal bone fracture.

Discussion

Only a few case reports of rapid resolution of spontaneous resolution of acute SDH were reported till now.

There are two possible mechanisms proposed: “cerebrospinal fluid (CSF) washout effect” through arachnoid tears and “compression and redistribution” of hematoma.¹
In the first mechanism, associated arachnoid tears allow flow of CSF into subdural space that dilute the hematoma and reabsorb back in subarachnoid space. In second mechanism, increased intracranial pressure and cerebral swelling result in compression and redistribution of hematoma in interhemispheric and cerebellar tentorium subdural spaces.

A few cases of rapid resolution of acute SDH, associated with brain atrophy due to age, arachnoid tear in cyst wall with mixing of CSF, and hematoma, have been postulated. In this case, acute SDH disappeared within a span of 4 hours between the scans. In this patient of elderly age with brain atrophy that causes well-defined cisternal spaces and presence of tentorial subarachnoid hemorrhage without any increase in subgaleal hematoma thickness in the repeat scan supports the drainage of blood into the CSF cisternal spaces.

**Conclusion**

Rapid resolution of acute SDH is a very rare yet possible phenomenon. So, we recommend repeat evaluation with CT brain study if the previous scan was done 6 hours before when patient showed improvement in clinical condition.

**Conflict of Interest**

None declared.

**References**