Subdural hematoma and mycotic aneurysm bleed

A subdural hematoma is a common neurosurgical problem. Easy identification, relatively safe and simple treatment, and positive neurological outcome are hallmarks of the issue. While in most cases of acute or chronic subdural hematoma, the exact cause cannot be identified, in extremely rare situations, causes such as aneurysm (as in the case presented) and arteriovenous fistulae are identified. It is crucial that the surgeon is aware of the possibility of such causative factors such that correct and timely treatment can be initiated. In this regard, prefect analysis of the clinical events and presenting deficits is necessary. The presence of subdural hematoma in proximity to major vessels such as close to Sylvian fissure and interhemispheric fissure can assist in identifying the need to investigate to identify and treat the incriminating cause. The presence of flow voids in or in the vicinity of the clot can suggest the presence of arteriovenous fistula. Mycotic aneurysms are significantly rare and more frequently involve distal arterial branch. The authors have managed the case well[1] and as per the contemporary norms.

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