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Case report

A blackhole over brain: Interdural hematoma – A challenging diagnosis

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ABSTRACT

Hematoma in between two dura leaves, named as 'interdural hematoma', is a very rare entity in adulthood. Interdural hematoma may emerge spontaneously or secondary to coagulopathies. A 61-year-old male patient, who had a medical history of alcoholic cirrhosis, presented with interdural hematoma. The case has been discussed with a literature review about diagnostic and therapeutic approaches in this pathology.

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1. Introduction

Hematoma in between two dura leaves, named as 'interdural hematoma', is a very rare entity in adulthood. Interdural hematoma may emerge spontaneously or secondary to underlying vascular pathologies like aneurysms [1–3]. Incidence has been reported as much as 13% in a postmortem study of stillborns and deceased life-birth infants [4]. However, only 5 adult patients with interdural hematoma have been presented, so far (Table 1) [1–3,5,6]. We are reporting a 61-year-old male patient with alcoholic cirrhosis, who developed interdural hematoma spontaneously. We have also reviewed

the current literature and discuss about pathophysiology of interdural hematoma.

2. Case report

A 61-year-old man was admitted to our clinic because of left-sided hemiparesis, which evolved slowly in 2 weeks. On his neurological exam, there was a 1/5 motor weakness of his left upper and lower extremities. His medical history was positive for alcoholic cirrhosis. There was no traumatic or infectious event that had happened previously. His admission international normalized ratio (INR) was 1.5. We ordered an MR study

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Table 1 – Adult interdural hematoma cases presented in the literature.

Authors	Age (year)/Sex	Presentation	Associated lesion	Treatment	Follow-up
Miyajima et al. (2004)	79/M	Parietal headache	None	Craniotomy	N/A
Eom et al. (2009)	78/M	Severe headache 3 days after treatment of contralateral chronic subdural hematoma	None	Craniotomy	Discharged 14 days later
Brock et al. (2010)	42/F	Thunderclap headache, and right ophthalmoplegia	Right infraclinoid internal carotid artery aneurysm	Aneurysm clipping	Fully recovered in 3 months
Bartoli et al. (2011)	35/F	Headache, neck stiffness, bilateral abducens nerve palsy, nausea, photophobia	Ruptured posterior communicating aneurysm and unruptured anterior communicating aneurysm	Coiling of both aneurysms	Vasospasm and emboli 14 days after and complete recovery 22 days after the incident
Baharvahdat et al. (2012)	51/M	Incidental finding after the index surgery for intracerebral hematoma evacuation	None	Craniotomy	Died 10 days after the 2nd surgery due to aspiration pneumonia
Present case	61/M	Left hemiparesis	None	Craniotomy	Fully recovered immediately

Abbreviations: M: male, F: female, N/A: not available.

for his brain. There was a sausage-like mass over the right cerebral hemisphere, which was hyperintense on T1- and hypointense on T2- and FLAIR-weighted images (Fig. 1). Hematoma evacuation via parietal craniotomy was performed.

Prior to surgery, his INR value was dropped to 1.2 with fresh frozen plasma supplements. Level of platelets was 104,000 (normal range = 180,000–370,000); activated partial thromboplastin time was 37.7 s (normal range = 20–40 s). After

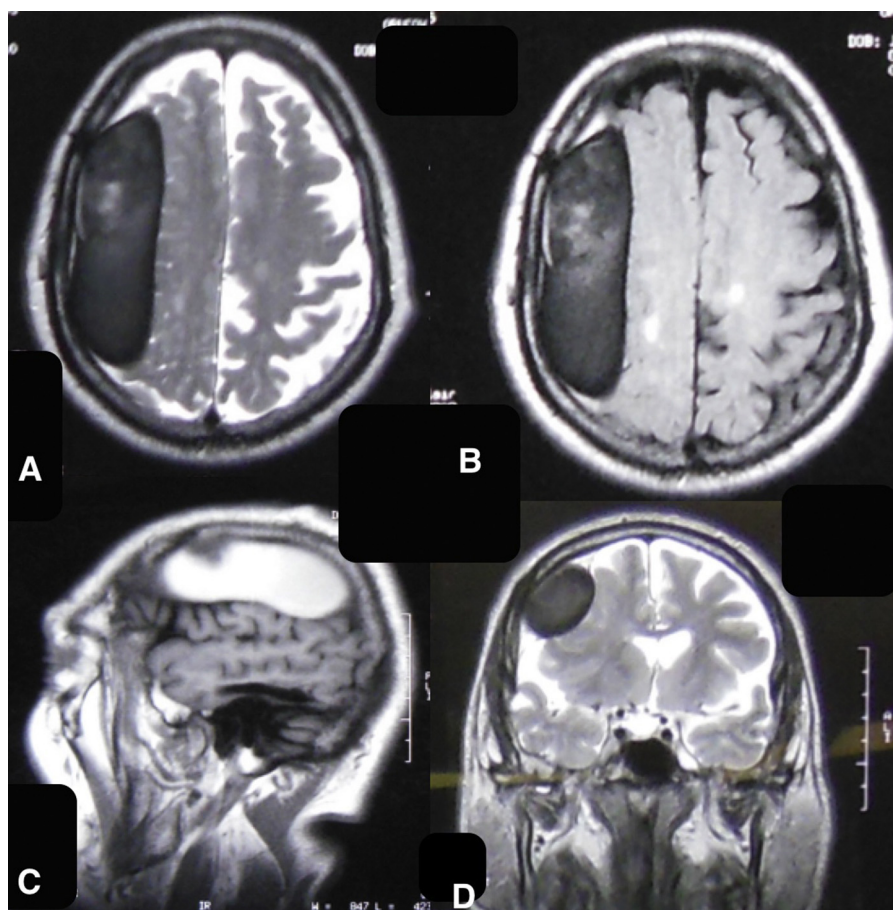


Fig. 1 – A sausage-like mass is observed over right cerebral hemisphere. It is hypointense on T2- and FLAIR-weighted (A, B and D), hyperintense on T1-weighted MR images (C).

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