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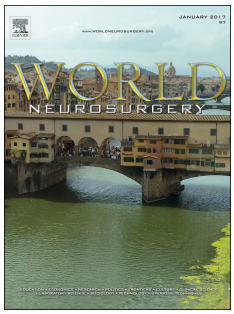

Chronic subdural hematoma. So common and so neglected

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Chronic subdural hematoma. So common and so neglected.

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Chronic subdural hematoma (cSDH), one of the most common neurosurgical entities (Figure 1). The incidence is expected to double in the next ten years due to the continuing aging of the population (1). In the acute posttraumatic stage, a clot is formed and subsequently reabsorbed due to fibrinolytic activity (2). For unknown reasons, this resorption process occasionally fails, especially in the elderly. The fibrinolytic hyperactivity seems to play a role in the liquefaction and progression of cSDH (2). Also, the increased permeability of the capillaries in the outer membrane generates small bleeds that influence the growth of the hematoma (1,2). Tranexamic acid has an antifibrinolytic effect by inhibiting plasminogen activator and plasmin. Therefore, it is hypothesized that tranexamic acid may hinder hyperfibrinolytic activity and increase vascular permeability in cSDH, leading to an absorption of the hematoma (2). Studies evaluating the natural history and conservative treatment modalities of cSDH remain scarce and are predominantly low in evidence. The natural history of cSDH remains obscure and is analyzed only in