INTRAVENTRICULAR HEMORRHAGE WITH ACUTE HYDROCEPHALUS FOLLOWING EVACUATION OF CHRONIC SUBDURAL HEMATOMA

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ABSTRACT None

KEYWORDS Intraventricular haemorrhage, hydrocephalus, chronic subdural hematoma

Case report

A 63-years-old man with a past medical history of embolic cardiopathy under anticoagulant therapy for many years. The patient denied any history of arterial hypertension or diabetes. His current medical history started two weeks earlier with moderate headaches localized on the right hemicranial side without signs of intracranial hypertension or heaviness of the limbs. The patient was alert and in good general status without a fever. The brain CT scan showed a hemispheric chronic subdural hematoma on the right side with re-bleeding (A), and the laboratory findings were normal. The hematoma was evacuated emergently through two burr holes on the right side under general anaesthesia. A CT scan control showed a good evacuation of the hematoma with frontal pneumocephalus and intraventricular haemorrhage (B, D). A week after the surgery, the patient presented acute hydrocephalus with intraventricular haemorrhage (C) revealed by a sudden onset coma. He underwent external ventricular drainage (E, F), which was complicated in meningitis a few days later with a lethal issue two weeks after the first surgery. We report an exceptional postoperative complication of chronic subdural hematoma. In addition, several complications may occur related to the technique used [1,2]. Postoperatively, the intraventricular haemorrhage associated with acute hydrocephalus has already been reported to be related to acute subdural hematoma [3]. Interestingly, our review of the literature showed that combined intraventricular haemorrhage and acute hydrocephalus following the evacuation of a CSDH have never been described before.

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Conflict of interest

There are no conflicts of interest to declare by any of the authors of this study.

References


Figures 1: A brain CT scan showing a hemispheric chronic subdural hematoma on the right side with re-bleeding (A). A CT scan control showed a good evacuation of the hematoma with frontal pneumocephalus and intraventricular haemorrhage (B, D). A CT scan showed hydrocephalus with intraventricular haemorrhage (C). Post-operative control with intraventricular catheter designed by the green arrow (E, F)