Conservative Management of Extradural Hematoma. A Report of five cases
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Citation

Abstract
Extradural hematoma (EDH) forms 0.5% of all head injuries. In selected patients conservative management may be a feasible option. We report 5 cases which were managed conservatively without neurological sequele. All patients were males between 18-30 (mean 23.4) years; location was frontal or parietal and volume of EDH between 9-23(mean 17.3) mL. However only patients with GCS 15/15 were considered for conservative management.

INTRODUCTION
Extradural Hematoma (EDH) forms 0.5% of all head injuries. Conventionally urgent evacuation is the accepted mode of management. With the routine use of Computer Tomogram (CT) for management of head injury patients, nonoperative management is being used more often in selected patients. Five cases of EDH which were managed conservatively and discharged without neurological sequele, are reported here. The common factors amongst these cases have also been enumerated.

MATERIALS AND METHOD
Patients having a traumatic EDH with a Glasgow coma Score (GCS) of 15/15 were included in the study. Other inclusion criteria were – Volume less than 25mL (as calculated by Peterson and Esperson equation), absence of midline shift or mass effect and no other lesion on CT scan. Infratentorial EDH was excluded. All patients were monitored in a neurosurgical Intensive care unit. Specifically GCS, pulse, blood pressure, pupils were observed. The study did not interfere with the set neurosurgical protocols for head injury management.

RESULTS
Out of 6 patients included one patient became drowsy and had to be operated. Five patients were successfully managed conservatively. Mode of injury was road traffic accident in all cases. A summary of the cases is shown in table 1. All patients were males in the age group 18-30 years (mean age 23.4 years), Location was in the parietal region in 3 cases; frontal in two. The volume of EDH ranged from 9mL – 23mL (mean 17.3mL). At no point of time did any of the five case show any signs of raised intracranial pressure. Immediate neurosurgical care was available at all times.

DISCUSSION
Patients with EDH who are conscious have a mortality of almost nil. Non operative management of EDH is well documented. Patient selection is of utmost importance in conservative management of EDH. Various factors have been found to influence the management strategy.

Volume: Dubey etal, and Bezircioglu etal have recommended a volume of EDH less than 30mL for conservative management. Bullock etal found 12-38mL suitable whereas Giordano etal have managed patients with a volume upto 55mL, without surgery.

Location: Most studies have taken only supratentorial hematomas into consideration. Wong reports a posterior fossa EDH volume less than 10mL to be favorably managed conservatively. Temporal EDH is unlikely to be managed conservatively as compared to frontal or parietal.

GCS: a lower GCS has been associated with a worse outcome in most studies.
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Others factors like a thickness > 15mm and a midline shift > 5mm have also been found to unfavorably influence the outcome.\textsuperscript{12}

Another important consideration is the timing of repeat CT scan. Sullivan et al.\textsuperscript{13} have shown that EDH enlargement occurs within 36 hours and a repeat CT is useful at this time. EDH enlargement occurred in 23% of patient and mean time to enlargement was 8 hours of injury.\textsuperscript{13}

**CONCLUSIONS**

Non operative management of EDH can be a safe option in carefully selected patients, where close monitoring is available.

**References**

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