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Editorial

# Overview of Brain Hematoma

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## EDITORIAL

A subdural hematoma is a type of internal bleeding in the brain. It is a type of bleed that occurs within the skull of the head but outside of the brain tissue. Between the bony skull and the actual brain tissue, the brain has three membrane layers or coverings (called meninges). The meninges are responsible for covering and protecting the brain. If a person has subdural hematoma, a tear in a blood vessel, most commonly a vein, has occurred, and blood is leaking out of the torn vessel into the space beneath the dura mater membrane layer. Because it is below the dura, it is referred to as the subdural space. A subdural hemorrhage occurs when blood leaks into this space. Subdural hematoma is also known as subdural hemorrhage or intracranial hematoma. It is also a type of Traumatic Brain Injury in general (TBI).

Up to 25% of people who have had a head injury develop subdural hematomas. A subdural hematoma is a potentially dangerous condition. The bleed can be slow at times, and the body can absorb the pooled blood. If the hematoma is large enough, the blood can build up and put pressure on the brain. If not treated, this pressure can cause breathing difficulties, paralysis, and death. All blows to the head should be considered a serious event because the injured person does not know how severe a brain bleed is until further testing.

### Types

**Acute:** The most dangerous type of subdural hematoma is acute. The symptoms are severe and appear quickly following a head injury, often within minutes to hours. As the blood pools, the pressure on the brain rises quickly. You could lose consciousness, become paralyzed, or even die if you are not diagnosed and treated quickly.

**Sub-acute:** Symptoms appear within hours, days, or even weeks of a head injury. A concussion can result in a subacute subdural hematoma.

**Chronic:** Chronic hematomas are more common in people over the age of 50. Bleeding happens slowly, and symptoms may take weeks or months to appear. Chronic subdural hematomas can be caused by even minor head injuries. An older person may not remember how their head injury occurred due to the time it takes for symptoms to appear. Furthermore, because the changes are often subtle and gradual, the symptoms may go unnoticed by the elderly person, their friends, or family.

### Subdural hematomas are usually treated as soon as possible with surgery

The following are the two most used surgical techniques for subdural hematomas:

**Burr holes**: A small hole is drilled into the skull and a tube is inserted through the hole to help drain the hematoma

**Craniotomy:** A section of the skull is temporarily removed so the surgeon can access and remove the hematoma. Very small subdural hematomas may be carefully monitored first to see if they heal without requiring surgery in a few cases.

People who seek medical help after a head injury are frequently subjected to head imaging, which is typically done using Computed Tomography (CT scan) or Magnetic Resonance Imaging (MRI) (MRI scan). These tests produce images of the inside of the skull, which are usually used to detect any subdural hematoma. Although MRI is slightly better than CT at detecting subdural hematomas, CT is faster and more accessible.

Angiography may be used to diagnose a subdural hematoma in some cases. A catheter is inserted through an artery in the groin and threaded into the arteries of the neck and brain during angiography (angiogram). After that, a special dye is injected, and blood flow through the arteries and veins is visualized on an X-ray screen.

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