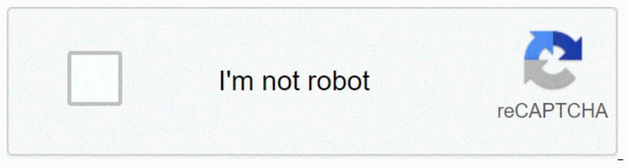

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Epidural hematoma guidelines

Epidural hematoma (also known as extradural hematoma) is a collection of blood between the dura mater and the skull with a characteristic lenticular appearance on the CT. It can be present in up to 1-4% of traumatic head injuries. CAUSES: In most cases (85%) arterial trauma (skull fracture with lesion of the middle meningeal artery). The other 15% occurs due to venous lesions. Nontrauous processes (autoimmune diseases, surgery) caused by epidural hematomes are rare. SIGNS AND SYMPTOMS: At the presentation, the patient may be asymptomatic or have various degrees of neurological damage. Epidural hematoma often shows a clear interval: the person loses consciousness for a moment, but feels better for hours before deteriorating again. Other clinical features are associated with increased intracranial pressure (vomiting, headache, bradycardia, hypertension). Neonates and children may experience irritability, vomiting, lethargy and seizures. DIAGNOSIS: A history of head trauma and physical examination of altered mental state or signs of intracranial pressure is useful for suspicion. The diagnosis is confirmed by a head CT scan, which shows a lenticular collection. Epidural hematoma Ideally, the diagnosis should be put away during the clear interval (before deterioration). Other studies that are important include CBC, CMP, akogulation tests (PT, PTT) and blood typing and crossmatching. Prognosis-related features include the severity of neurological deficits (GCS), pupil abnormalities, the volume of the hematoma, the degree of midline shift and the severity of the associated trauma. TREATMENT: Since epidural hematoma is often present in a politraumatized patient, it is important to take a systematic approach to stabilizing the patient (A, B, C, D, E) before ingesting further interventions. If everything else (ABC) is safe, the patient should assess his neurological condition (e.g. GCS). If epidural hematoma (or any other intracranial condition to the case) is suspected ct should be obtained immediately. In most cases, surgical evacuation of the hematoma should be required as soon as possible. Adult patients with neurological deficit and hematoma <30cm3, hematoma blood clot thickness <15mm and midline shift <5mm can be treated with observation (frequent imaging and neurological examination). If the patient was to take anticoagulant, the anticoagulant should be reversed (termination of the drug, K 10mg vitamin IV slowly, infusion of protrombin complex concentrate or fresh frozen plasma – all to reach the INR <1.2). SOURCES & MORE READMONY: Li C, He R, Li X, Zhong Y, Ling L, Li F. Spontaneous spinal epidural hematoma mimicking transient ischemic seizure: Case report. Medicine (Baltimore). 96 December 2017 (49):e9007. [Medline]. Huisman TA, Tschirch FT. Epidural hematoma Avoid skull sutures act as a one J Neuroradiol. August 11, 2008 [Medline]. 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