

Urgent surgery for a month-long headache: A case report

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Traumatic brain injury (TBI) is defined as impaired brain function due to external force. Emergency Department (ED) prevalence is twice as high in males. It is classified as mild moderate and severe based on Glasgow Coma Scale (GCS). Subdural Hematomas (SDH) are generally associated with high-energy traumas and mostly seen amongst population <50 years. After two weeks the term chronic SDH (CSDH) is used. CSDH affects mostly the elderly. Computerized tomography (CT) imaging is primary diagnostic method.

37-year-old female presented to ED with month long persistent headache. She has a history of fall from scooter and denies other trauma. Her headaches were associated with nausea and dizziness and recently started to feel weakness in lower limbs. She underwent brain magnetic resonance imaging and advised neurosurgery follow up at another facility. She denies any diseases and medication. Examination revealed brisk reflexes and bilateral positive Babinski. Other system evaluation, laboratory and vitals were normal. Head CT was ordered and revealed bilateral frontoparietal subacute SDH, without mass-effect or midline shift (image 1). No definite evidence of intra-axial lesions or recent blood collection. She was admitted and underwent surgery for SDH.

Headache after trauma is indicative for CT imaging at the ED according to New Orleans clinical decision rules for TBI. As a young female with persistent headache our patient was not a typical chronic SDH case for the ED. She decided to seek medical attention after additional symptoms and more than a month after her initial trauma. Although she was not a typical acute TBI case, emergency physicians should be aware of persistent symptoms, especially headache and additional findings after trauma. Detailed history is important for management. Spontaneous resolution of CSDH has rarely been reported. It is even more rare for bilateral subdural hematoma. Age, trauma mechanism, hematoma morphology, GCS score, cerebral edema signs, and timing between trauma and surgical therapy are relevant factors for prognosis. The primary ED management objective for TBI is to identify patients that require neurosurgical intervention. Head CT must be taken as soon as possible, and patients should be operated urgently if there is an indication for surgery.