

顱內低壓併發硬膜下出血

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Case Report: Intracranial Hypotension Complicated with Subdural Hemorrhage

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Background :

Most intracranial hypotension would be relieved by conservative treatment. Herein we report two cases of intracranial hypotension refractory to conservative management and were complicated with subdural hemorrhage.

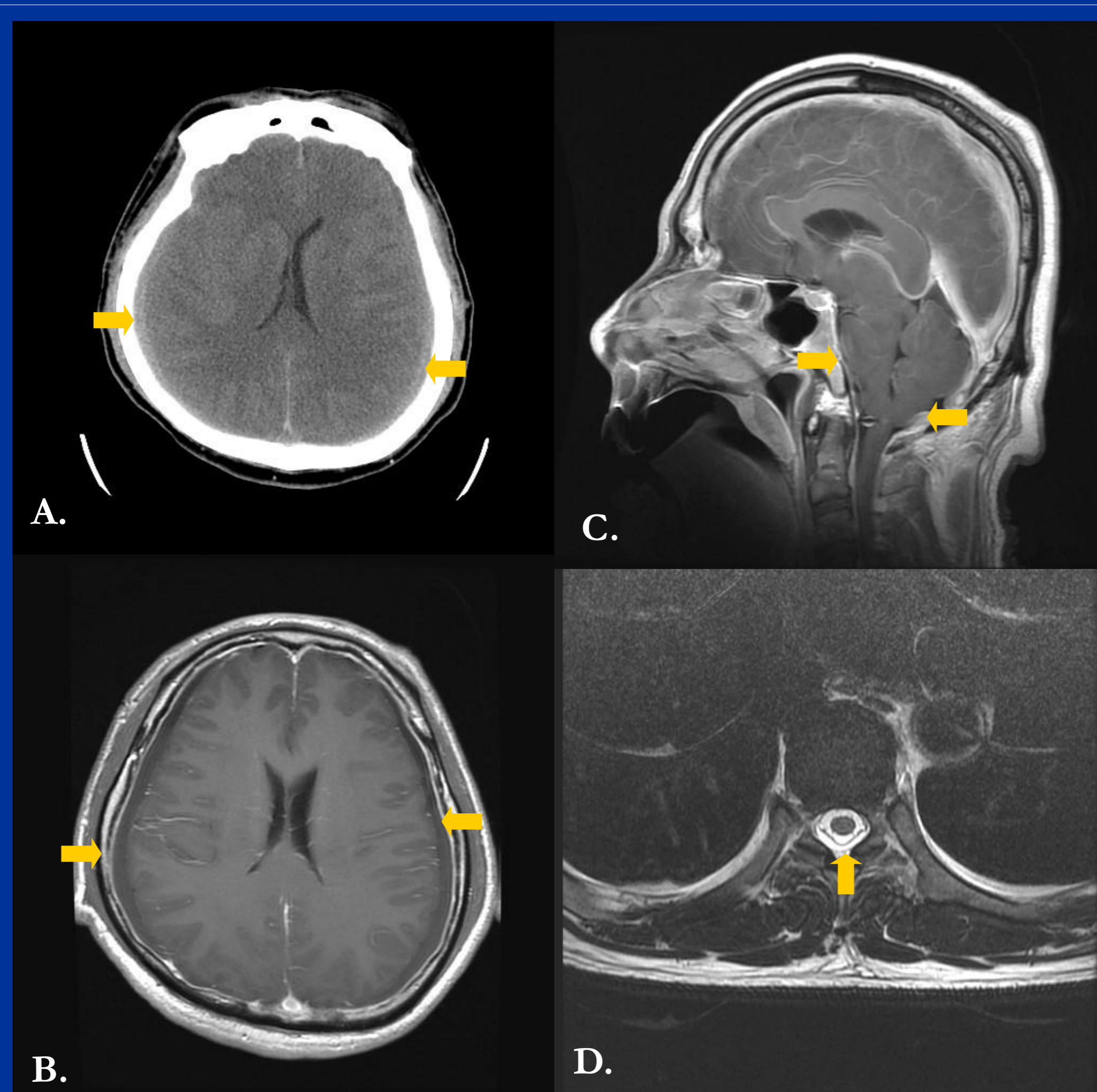
Case Report:

(Case 1) A 50-year-old man with history of sinusitis was admitted due to acute onset of headache for three days. It was severe, persistent and would be relieved immediately after lying down. Initial brain CT showed negative findings. He was treated with bed rest and intravenous fluid hydration. However, on the third day of admission, he developed dull response with right oculomotor palsy. MRI of the brain revealed diffuse pachymeningeal enhancement, bilateral subdural hematomas and mild descent of the cerebellar tonsils. He received emergency operation with bilateral burr holes and his consciousness and oculomotor palsy were totally improved after operation. CT myelography showed CSF leakage over T6 to T8. His symptoms got improved after normal saline pump via lumbar drain and repeated epidural blood patch.

(Case 2) A 45-year-old female with history of migraine complained of progressive occipital headache with radiation to postnuchal, left temporal and frontal area for 7 days. The dull pain was severe, and would be relieved after lying down. Brain CT at the third day of onset was normal, but repeated MRI of brain at the fifth day showed linear subdural hemorrhage at left frontal lobe. C-spine MR myelography failed to point out the site of CSF leakage. Since the initial conservative management with intravenous fluid hydration and analgesics failed, she received autologous epidural blood patch. Her headache was much improved after the procedure.

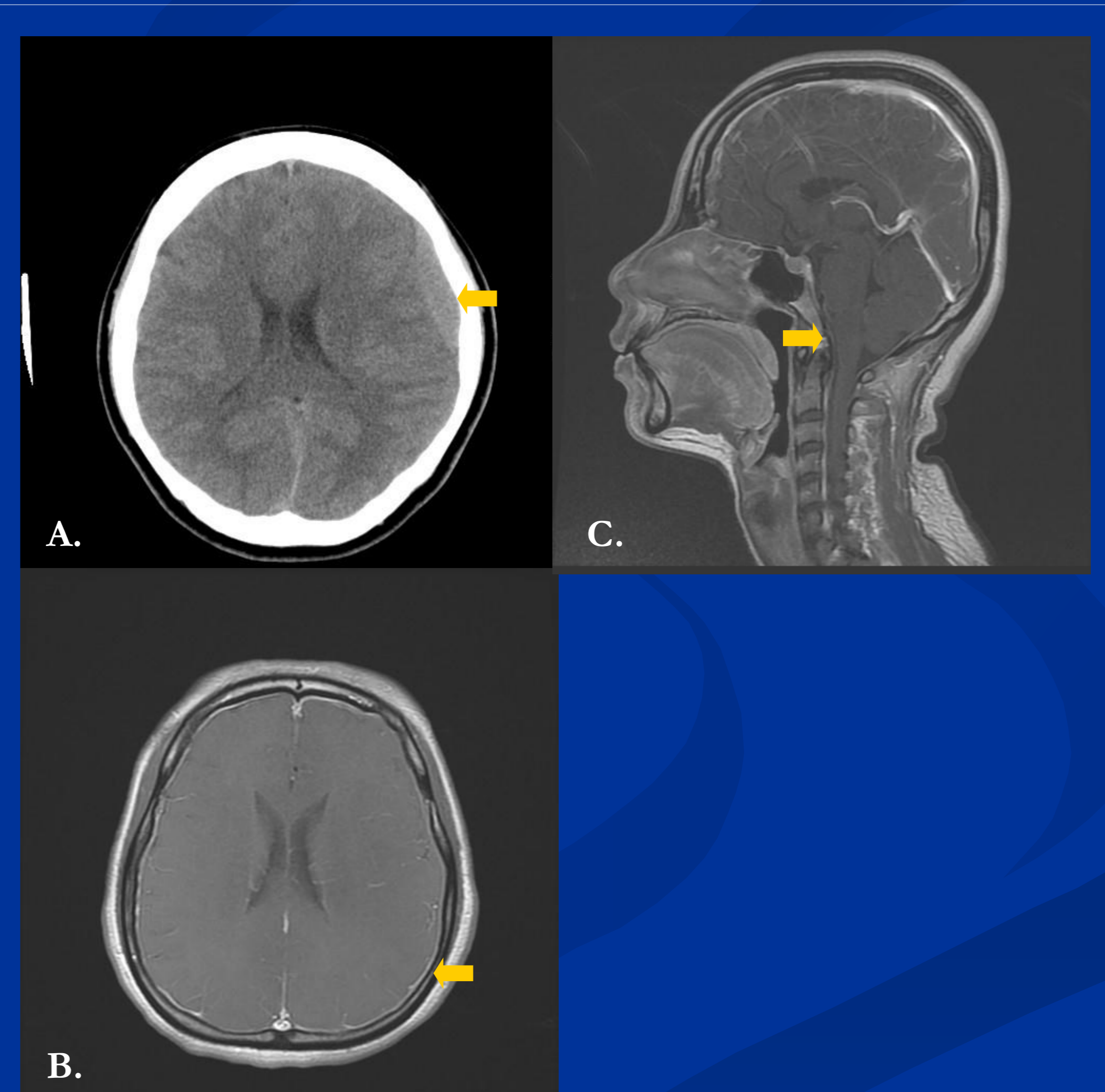
Conclusion:

Although most cases with intracranial hypotension could be treated with conservative management, further epidural blood patch, or even surgical intervention, should be considered in complicated cases.



(Case 1)

- A. Brain CT revealed bilateral subdural hemorrhage.
- B.C. Brain showed diffuse pachymeningeal enhancement and sagging of the brain and displacement of cerebellar tonsils.
- D. Followed up spinal MRI (FIESTA) showed abnormal fluid collection.



(Case 2)

- A. Brain CT revealed left subdural hemorrhage.
- B. Brain showed diffuse pachymeningeal enhancement.
- C. Sagittal view showed flattening of the pons with obliteration of the prepontine cistern.