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Letter to the Editor

Extradural haematoma: An unusually delayed presentation

Dear Sir,

The phenomenon of delayed extradural haematoma is well described in the literature.[1–3] However delayed presentation of extradural haematoma without neurological deficits is very uncommon.[4] Forty years gentleman presented with history of fall of tree branch on his head 20 days back. Following that he had loss of consciousness for 15 min and also had nasal bleed one episode. There were no other complaints and he did not seek any medical advice for the same. Now he presented with headache for last 15 days without any nausea or vomiting. There were no other complaints. His general and systemic examination was normal. His higher mental functions were normal and there were no neurological deficits. As there was persistent headache he was investigated with CT scan and it showed large resolving extradural haematoma (approximately 90 ml) in left frontal region with thickened dura, mass effect, perilesional oedema and midline shift (Fig. 1). He underwent left frontal trephine craniotomy and evacuation of thick clotted blood. A thin layer of clot was left behind over the dura. There was also presence of extradural membrane that was submitted for histopathology. In post-operative period his headache subsided and he is doing well. Epidural hematomas represent approximately 3%–8% of all serious head injuries and prompt evacuation of all epidural hematomas will prevent mortality and morbidity.[1,5] As in the present case patients can delay in seeking in medical advice if the only symptom is headache after trauma without neurological deficits.[3,4] However this delayed presentation is more commonly seen with subdural hematomas than from epidural bleeding.[4] Delayed presentation of epidural bleeding must be considered in the differential diagnosis of post-traumatic headache irregardless of the time interval or neurological presentation.[4] In patients who suffer non-resolving headache, even when there is no neurological deterioration, a high index of clinical suspicion, coupled with

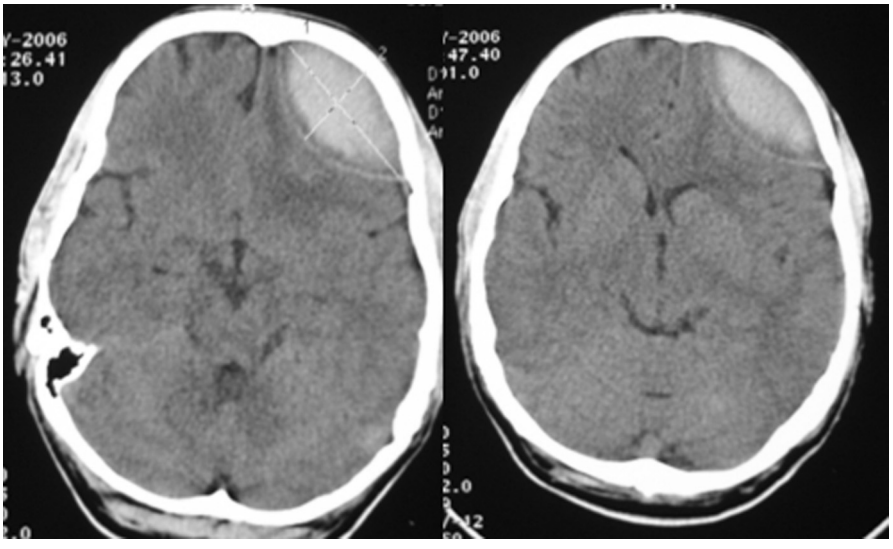

Fig. 1 – CT scan showing large left frontal extradural haematoma with thickened dura, perilesional oedema, mass effect and midline shift.

a low threshold for CT scanning is recommended to diagnose extradural haematoma.[1,3,4,6] Recognition of this entity as a cause of persistent post-traumatic headache is important and can be treated successfully.

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