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Figure. Noncontrast brain CT scan (left) shows isodensity in extra-axial region. Contrasted CT scan (right) shows the isodense lesions with enhancement and medial displacement of cortical veins (arrows), indicating bilateral chronic subdural hematomas.

Deteriorating parkinsonism and subdural hematomas

Samuel M. Chou, MD, Ludwig Gutmann, MD, Morgantown, WV

A 69-year-old physician with stable PD (well controlled with carbidopa/levodopa, pramipexole, and selegiline for 4 years) had rapid deterioration of various findings of parkinsonism to a semi-invalid state over 1 month. An increase in carbidopa/levodopa dosage was without benefit. Recalling minor head trauma several weeks before deterioration onset prompted per-

formance of a CT scan (figure), with subsequent evacuation of bilateral subdural hematomas. He returned to his active baseline state 2 days later.

Rapid deterioration in PD is unusual. Subdural hematomas causing this have occasionally been reported.^{1,2} Recognition and treatment of subdural hematomas resulted in a favorable outcome.

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