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Figure. (A) There is a small frontal extradural hematoma (arrowhead) and a 0.5-mL hematoma in the left cerebellar hemisphere (arrow). (B) Dramatic expansion of the cerebellar hematoma and surrounding edema have nearly obliterated the fourth ventricle (arrow). Dilatation of the lateral ventricular temporal horns (arrowhead) indicates obstructive hydrocephalus.

Evolving traumatic cerebellar hematoma

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A 10-year-old boy fell from a tree onto concrete. When he was first assessed, he had a headache but had a normal conscious level and no neurologic signs. A cranial CT scan was performed 5 hours after the injury (figure, A). He remained alert, neurologically intact, and cardiovascularly stable for a further 24 hours, but then deteriorated with worsening headache, drowsiness, neck retraction, and left hemiparesis. After a repeated CT scan (see the figure, B)

the cerebellar hematoma was evacuated. He recovered completely. Such late delayed expansion of a traumatic intracerebral hematoma is unusual.¹ Possible mechanisms include coagulopathy (absent in this case) and local vascular necrosis or dysautoregulation.²

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