
NeuroImages

Deteriorating parkinsonism and subdural hematomas
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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 performance 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.


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.
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