Teaching NeuroImages: Spinal subdural hematoma in pediatric nonaccidental trauma

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A 5-month-old boy had bilateral intracranial subdural hematomas from nonaccidental trauma with a poor neurologic examination limited to extremity withdrawal. Spinal imaging (figure) demonstrated a subdural hematoma spanning T4-L5 with cord compression. He underwent L3-5 laminectomies, durotomy, and subdural irrigation, resulting in excellent evacuation of cephalad blood products. Postoperatively, he developed CSF leakage, prompting burr-hole drainage of intracranial subdural hematomas to relieve

Figure Imaging

Sagittal T1-MRI (A.a) preoperatively and (B.a) postoperatively, T2-MRI (A.b) preoperatively and (B.b) postoperatively, and axial T2-MRI through L1-2 disc space (A.c) preoperatively and (B.c) postoperatively demonstrates T2-hypointense subdural hemorrhage (arrows in A.b and A.c) causing thecal sac effacement with resolved compression and restoration of T2-hyperintense CSF signal (arrows in B.b and B.c) postoperatively.

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a suspected pressure gradient between brain and spine. Subdural spinal hematomas are underrecognized but highly morbid injuries that may warrant further imaging workup in cases of severe intracranial injury or poor neurologic examination in suspected nonaccidental trauma.^{1,2}

Author contributions

C. Hong: drafting/revising the manuscript, data acquisition, study concept or design, analysis or interpretation of data, accepts responsibility for conduct of research and final approval, acquisition of data, study supervision. J. Camara-Quintana: drafting/revising the manuscript, analysis or interpretation of data, accepts responsibility for conduct of research and final approval, study supervision. A.J. Kundishora: drafting/revising the manuscript, accepts responsibility for conduct of research and final approval. M.L. Diluna: drafting/revising the manuscript, data acquisition, study concept or design, analysis or interpretation of data,

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