Rapid Disappearance of Acute Unilateral Epidural Hematoma Due to the Compression of Contralateral Subdural Hematoma

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A 54-year-old male presented with unconsciousness after head trauma for 2h. Brain CT revealed vanished epidural hematoma and expanded subdural hematoma compared with brain CT performed 1h before (Figure). An operation plan to evacuate the left subdural hematoma and then the right subgaleal hematoma was made. However, respiratory and cardiac arrest occurred, accompanied by lasting hypotension and blood test revealed acute disorders of coagulation and decreased platelets contraindicating surgery. He received conservative treatment and died 36h after trauma. Although rare, acute epidural hematoma totally shifts into subgaleal hematoma could occur because of rapidly increased intracranial pressure in coagulation disturbance patients.

References

Figure legend
CT 1h after trauma (A, B) revealed right temporal epidural hematoma, subarachnoid hemorrhage (arrows) and thin left frontal subdural hematoma (arrowheads). CT 1h later (C) showed expanded subdural hematoma (arrowheads), vanished epidural hematoma, novel subgaleal hematoma (E, F arrows) and midline shift to the right (D, E). The vanished epidural hematoma may shift into subgaleal hematoma through the fracture lines (G, H arrows).
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