

Chronic Subdural Hematoma Management A Systematic Review and Meta-analysis of 34829 Patients

- CSDH might be found incidentally on brain imaging.
- Surgical intervention is considered when mass effect on the surrounding brain tissue results in symptomology.
- Despite the fact that CSDH is a common and known presentation, there is no established standard of care for first-line treatment and there is a lack of management consensus.
- Relatively simple, safe, and effective procedures have been used to manage this condition. Percutaneous twist-drill bedside drainage, operative theater burr holes, or craniotomy are widely used main treatment options.
- The differences between each are not simply related to surgical techniques, however, are also reflected in potential cost savings in light of operating room resources, involvement of multiple health professionals, and peri-operative risks associated with general anesthesia. Moreover, these surgical interventions differ in their degree of invasiveness, where minimally invasive approaches would be incrementally favored for the elderly patients with multiple medical comorbidities. Following CSDH management, the reported estimates of recurrence, mortality, morbidity, and cure rates are highly variable across each of the 3 main treatment modalities.
- Corticosteroids were proposed to improve outcomes as a form of adjuvant therapy to surgical drainage. Meta-analyses of 17 pooled cohorts resulted in no evidence supporting favorable outcomes when using steroids in addition to surgeries; however, there were higher rates of morbidity.
- The main finding is the statistical evidence of similar efficacy and safety obtained from bedside drainage of CSDH compared with the most commonly practiced procedure (ie, operating room burr hole evacuation).
- Percutaneous bedside twist-drill drainage is a relatively safe and effective first-line management option. These findings may result in potential health cost savings and eliminate perioperative risks related to general anesthetic.



Laboratorio de Neurosonología

Modificado de **Ann Surg** 2013;00:1–9 por Valeria Kuchkaryan

valeriakuchkaryan@gmail.com