

Independent predictors for recurrence of chronic subdural hematoma

- We have shown that postoperative midline shifting, diabetes mellitus, preoperative seizure, preoperative width of hematoma and anticoagulant therapy were independent predictors of the recurrence of chronic subdural hematoma.
- According to internal architecture of hematoma, the rate of recurrence was significantly lower in the homogeneous and the trabecular type than the laminar and separated type.
- All hematomas were classified into four types according to internal architecture, which corresponded to possible stages in the natural history of CSDH: homogeneous, laminar, separated, and trabecular types. The homogeneous type was defined as a hematoma that exhibited homogeneous density (low–high). The laminar type was defined as a subtype of the homogeneous type that had a thin high-density layer along the inner membrane. The separated type was defined as a hematoma containing two components of different densities with a clear boundary lying between them. The trabecular type was defined as a hematoma with inhomogeneous contents and a high-density septum running between the inner and outer membrane on a low-density to isodense background.
- The rate of recurrence was significantly lower in the homogeneous and the trabecular type than the laminar and separated type.



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