Multiple Densities of the Chronic Subdural Hematoma in CT Scans

- Density of the chronic subdural hematoma (cSDH) is variable. It often appears to be mixed density. Multiple densities of cSDH may result from multiple episodes of trauma.
- The cSDHs were classified into four groups; hypodensity, homogeneous isodensity, layered type, and mixed type on the basis of CT scans.
- The etiology could be identified in 67.7%.
- Mixed density of cSDH results from multiple episodes of trauma, usually in the aged
- Computed tomography (CT) remains the preferred diagnostic method for the chronic subdural hematoma (cSDH).
- Mixed or layered types were more common in the oldest age, while isodense or hypodense SDHs were more common the age of less than 70 years.
- Slipping was the most common cause of head trauma. Motor vehicle accidents or falling was also relatively common known cause.
- Isodensity was the most common density of cSDHs.
- A layered type of the hematoma density may result from prolonged recumbency, which separates the blood components and fluid.
- Fibrinolysis in CSF is activated from the outside to the inside in order after trauma. The change into the hypodensity is faster in the peripheral region than in the center, where the density of hematoma remains hy- perdense for a long time.
- It is well known that the repeated microhemorrhages were responsible for the enlargement of cSDH. The bleeding from the sinusoidal vessels of the outer neomembrane makes the hematoma grow without coagulation.
- MRI is superior to CT when detecting membranes in cSDHs. Membranes were frequently observed within the SDHs, especially in hematomas with the mixed density. The membranes appeared either multi-lobule or multi-layer.

Laboratorio de Neurosonología

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valeriakuchkaryan@gmail.com