

Minor traumatic retroclival epidural haematoma in an adult

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DESCRIPTION

A man aged 64 years was transferred to the emergency department because of a witnessed syncopal event. It occurred after standing up and he hit the back of his head against the ground. On arrival, the result of his neurological examinations was normal. Brain CT revealed a hyperdense mass lesion. It extended from the posterior aspect of the dens to the upper clival region (figure 1). Blood tests, including coagulation, had no abnormal findings. Dynamic MRI, magnetic resonance angiography and digital subtraction angiography revealed no meningeal tumours, aneurysms, traumatic arterial dissections, and visible fractures or dislocations in the skull base or craniocervical region.

He was admitted for close neurological monitoring. On the 8th postadmission day, CT revealed no evidence of residual haematoma (figure 1). He was fully conscious with no headache, and he was discharged on that day.

Traumatic REDH is a rare reported entity. Most cases have been reported in children and have occurred after a motor vehicle accident involving hyperextension or hyperflexion injury of the

neck.^{1 2} The pathophysiology of the formation of REDH is not fully understood. It is likely to be due to either dura stripping, ligament disruption or clivus fracture.³ The clinical course of REDH seems to be very benign. REDH can be treated conservatively in the absence of progressive neurological deterioration.¹ To the best of our knowledge, this is the first minor traumatic REDH case in an adult.

Learning points

- ▶ The pathophysiology of the formation of REDH is not fully understood. It is likely due to either dura stripping, ligament disruption or clivus fracture.
- ▶ Traumatic REDH should be considered when hyperflexion or hyperextension injury of the neck occurs, regardless of the severity of the injury.
- ▶ The clinical course of REDH seems to be very benign. REDH can be treated conservatively.

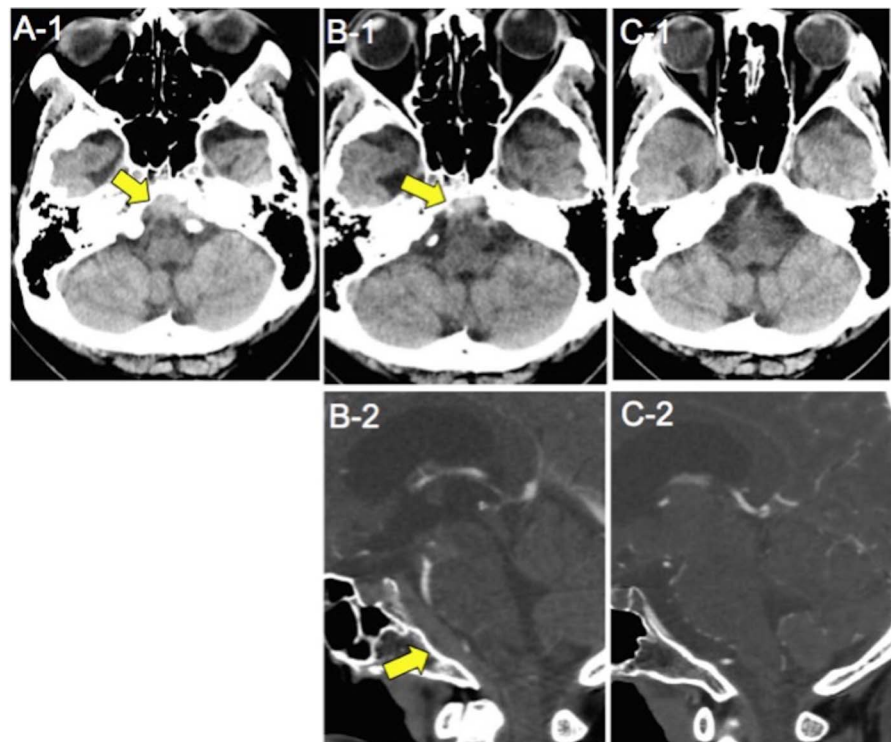


Figure 1 Brain CT of the present patient showing gradual decrease in the retroclival epidural haematoma: CT taken initially (A), 2 hours later (B) and 8 days after the accident (C).



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