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EPIDURAL HEMATOMA OF POSTERIOR SKULL BASE IN CHILDHOOD

INTRODUCTION

Epidural hematoma (EH) often occurs in the supratentorial portion, and in particular in the regions temporal and temporoparietal. Epidural hematoma of the posterior fossa (EHPF) in childhood occurs between 1.2% to 15% of EHs. It usually arises after a trauma occipital, suboccipital or retromastoid region. In this location, EH is dangerous due not only to small dimension of the posterior fossa, but also to the direct compression it causes in the brain stem.

METHODS

It is a case report of a patient from five-year-old, male. Genitor referred drop from an approximate height of four meters, evolving with vomiting and drowsiness. On examination neurological patient was sleepy. Upon admission, Glasgow Coma Scale (GCS) score of 14, with the both pupils reactivities, with no neurological deficit focal. Computed Tomography (CT) of the skull without contrast, the presence of a fracture line right occipital and hyperdense lesion in the region right cerebellar (Figure 1A). The patient was submitted to right suboccipital craniectomy for drainage of the hematoma. He was discharged six days after hospitalization, without neurological deficit.

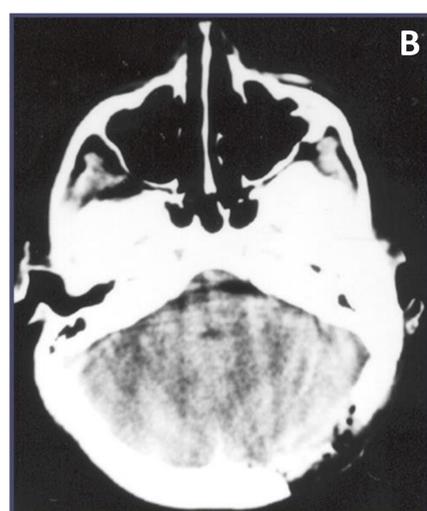
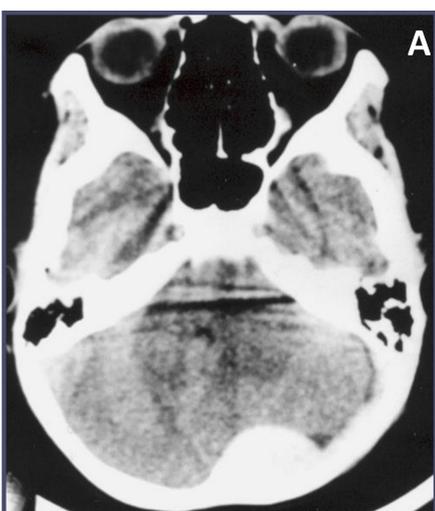


Figure 1A. CT present a hiperdense lesion in left side at posterior skull base, compatible with epidural hematoma.

Figure 1B. CT present a absence of injury and left suboccipital craniectomy.

RESULTS

The most common cause of childhood EHPF is falling in height, usually one-sided, more affects the male. Bleeding is from usually of the cranial sinuses (sigmoid and transverse more frequently), posterior branch of the middle meningeal artery or diploic veins. The childhood EHPF shows atypical evolution, it can be silent and slow or even deteriorate quickly, causing a high rate of morbidity and mortality. Presence of signs of cerebellar involvement, neck stiffness, nystagmus, oculomotor nerve paresis and drowsiness, associated with occipital fracture or even the presence of a sign of Battle leads to the suspicion of EHPF. Can be associated with contusion, diffuse cerebral edema, subarachnoid hemorrhage and hydrocephalus, being the latter associated with a poor prognosis. CT has been indicated in children with a history trauma due to accidental fall or accident transit that presents swelling or fracture of skull in the occipital region. Treatment is surgical management, but, in selected cases it has been conservative treatment is indicated. Main determinant for the prognosis in these cases has been the GCS score on admission.

CONCLUSIONS

The EHPF in children has a good prognosis when it is diagnosed early and treated properly.

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