Acute Subdural Hematoma: A Comparative Study of 2 Types of Operative Techniques

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Abstract

Several surgical procedures have been reported for the treatment of acute subdural hematoma. We compared the results of treatments for acute subdural hematoma achieved by decompressive craniectomy with wide opening of the dura versus multidural fenestrations. Forty-five patients with acute subdural hematoma underwent surgery at our hospital from August 2002 to July 2007. Our patients were classified into 2 groups according to the operative procedure: group A, decompressive craniectomy with wide opening of the dura (n=21) and group B, multidural fenestrations (n=24). Glasgow Outcome Scale at time of discharge from hospital, duration of surgery, and length of hospital stay (LOS) were compared between the 2 groups of patients who were operated upon with the different surgical techniques. Glasgow Outcome Scale was not statically different between the 2 groups of patients, but when comparing craniectomy group and multidural fenestration group (groups A and B), duration of surgery and LOS were statistically lower in group B than in group A. Duration of surgery in group B was one-third of group A. Mean of LOS was 24±8.83 in group A and 18±6.72 in group B. Such results indicate that multifenestration of dura can be considered as an alternative treatment option in patients with acute subdural hematoma.