

hematomas. The bleeding that causes larger subdural hematomas is primarily venous in origin, although arterial bleeding sites are sometimes found at operation, and a few large hematomas have a purely arterial origin. In an acutely deteriorating patient, an emergency craniotomy is required. In contrast to epidural hematomas, there is significant morbidity and mortality associated with acute subdural hematomas that require surgery.



FIGURE 443-2 Acute subdural hematoma. Noncontrast CT scan reveals a hyperdense clot that has an irregular border with the brain and causes more horizontal displacement (mass effect) than might be expected from its thickness. The disproportionate mass effect is the result of the large rostral-caudal extent of these hematomas. Compare to Fig. 443-1.

Chronic Subdural Hematoma A subacutely evolving syndrome due to subdural hematoma occurs days or weeks after injury with drowsiness, headache, confusion, or mild hemiparesis, usually in the elderly with age-related atrophy and often after only minor or unnoticed trauma. On imaging studies, chronic subdural hematomas appear as crescentic clots over the convexity of one or both hemispheres, most commonly in the frontotemporal region ([Fig. 443-](#)