SUBDURAL HEMATOMA ASSOCIATED WITH BLEEDING INTRACRANIAL ANEURYSM*

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Leaking intradural aneurysms usually produce extensive subarachnoid hemorrhage. In rare instances the bleeding may occur into the subdural space and the clinical manifestations may be those of an acute subdural hematoma.

Five such cases of subdural hematoma associated with bleeding intracranial aneurysm have been encountered within our experience with these lesions. They present additional problems in diagnosis and treatment not common to the usual aneurysm with subarachnoid hemorrhage.

CASE REPORTS

Case 1. N.P. was a 38-year-old, left-handed female who slipped on the linoleum on Mar. 17, 1942, striking her right cheek and elbow on the floor. She was confused and drowsy for 24 hours. X-rays of the skull showed no abnormality. A month later right frontal headache and vomiting developed and she became semicomatose, at which time she was referred to University Hospital.

Upon admission B.P. was 140/94; pulse rate 80, and respirations 15. She was drowsy, uncooperative and tended to perseverate. There was early bilateral papilledema. The right pupil was larger than the left. There was a mild right central facial palsy and a right hemiparesis. An extensor planter response was present on the right.

Under local anesthesia a small bone flap was turned in the left parietal-parasaggital region. Bloody fluid and clot under increased pressure were evacuated from the subdural space. The bone flap was re-elevated 48 hours later when the patient again became comatose and totally hemiplegic. More bone was removed and a needle was inserted into the left superior temporal gyrus. Bloody fluid under increased pressure was encountered.

Angiography performed after the patient had improved showed a small aneurysm on the most proximal portion of the middle cerebral artery and elevation of the Sylvian vessels (Fig. 1).

No further treatment was instituted; she gradually improved. She has had no further difficulty for 9 years except for four grand mal seizures and occasional headache centered behind the left eye. Optic atrophy O.S. and astereognosis of the right hand persist.

Case 2. F.M. was a 45-year-old male under psychiatric treatment for chronic alcoholism and psychosis. On Aug. 23, 1945, he was struck on the occiput by a disturbed patient. He fell to the floor, arose and a few minutes later fainted and once

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Fig. 1. Case 1. Aneurysm of middle cerebral artery (lateral view).

Fig. 2. Case 2. Aneurysm of middle cerebral artery (frontal view) with subdural clot.