

## Old calcified bilateral subdural hematoma in a patient after head trauma

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A 50-year-old man was admitted to the neurosurgical department with head trauma resulting from a fall onto pavement. Initial Glasgow Coma Scale

(GCS) was 12; he was confused with retrograde amnesia. Except for ataxia, the neurological status of cranial nerves and limbs was normal. A laceration



Fig. 1. Transverse CT scan: the initial interpretation was bilateral acute subdural hematoma (arrows).

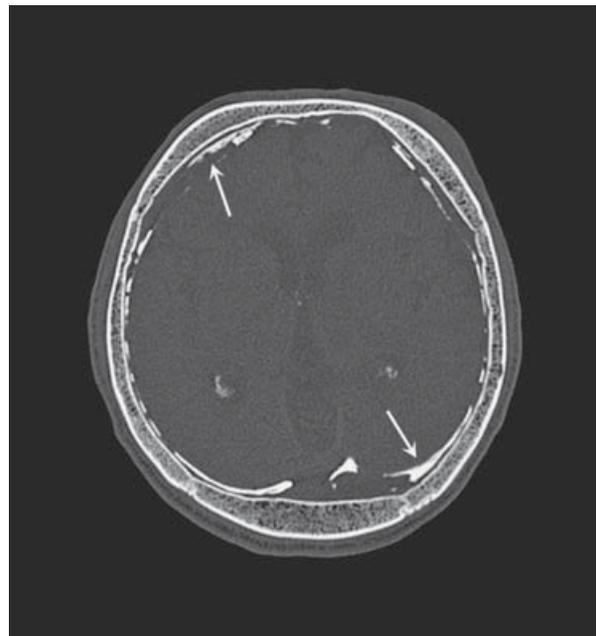


Fig. 2. CT scan – bone window: calcifications were confirmed on bone window, where the density of hyperdense areas corresponded to bone ( $\approx 1900$  Hounsfield units) (arrows).

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tion on the left eyebrow was sutured. Blood alcohol was 0.283 g/dL. Due to his confusion and intoxicated status, a computed tomography (CT) scan was performed. The initial interpretation was bilateral acute subdural hematoma (Fig. 1). Further examination revealed an atypical appearance and unusual distribution of hyperdense areas in subdural space. Calcifications were confirmed on the bone window, where the density of hyperdense areas corresponded to bone ( $\approx 1900$  Hounsfield units) (Fig. 2). CT scan revealed an old calcified bilateral subdural hematoma, which has generally good prognosis (1,2). Surgery was not indicated. Once sober, the patient denied a cranial trauma history. He was discharged home after 24-hour observation.

## REFERENCES

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2. Spadaro A, Rotondo M, Di Celmo D, *et al.* Bilateral calcified chronic subdural hematoma. Further pathogenetic and clinical consideration on the so-called “armored brain”. *J Neurosurg Sci* 1987;31:49-52.

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