

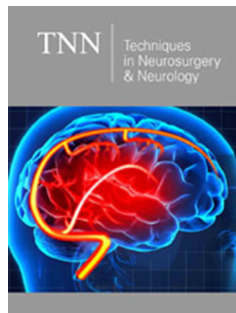
Calcified Chronic Subdural Hematoma

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Medical Image

Simple skull tomography

An isodensal image with a wide area of perimeter calcification of left frontoparietoccipital extraxial location is observed in a 68-year-old male patient entering with generalized tonic-clonic seizure box, hemiplegia on the right side due to a reduction in brain tissue of up to 200 g, with an increase in extra-brain space by 6 to 11 % allowing parenchyma to adapt to the hematoma and that it is stood (Figure 1). The clinical presentation of this pathology is often insidious, with symptoms of decreased level of consciousness, problems in gait due to changes in balance, cognitive dysfunction, memory loss, motor deficit (hemiparesias), headache, or aphasia [1,2]. With the presumptive diagnosis, a left parietal craniotomy was performed, through which an encapsulated and calcified lesion was exposed in its entire parietal and visceral face, and that contained a granular substance of dark red color, totally avascular. Radical resection was performed without surgical complications (Figure 2). Final result, successful patient surgical ablation without seizures, regained strength 5/5 in right hemibody, oriented and conscious. It is concluded that chronic subdural hematomas calcification is a rare form of imaging presentation today, known as armoured brain or matryoska brain [3]. Since pseudomembrans are calcified, the chances of brain re-explosion are virtually non-existent [4]; Finally, the decision of the surgery conforms to the clinical or radiological evidence of mass effect. When there is evidence and the need for a craniotomy approach it could be a better option than trepanation in the management of these entities [4,5].

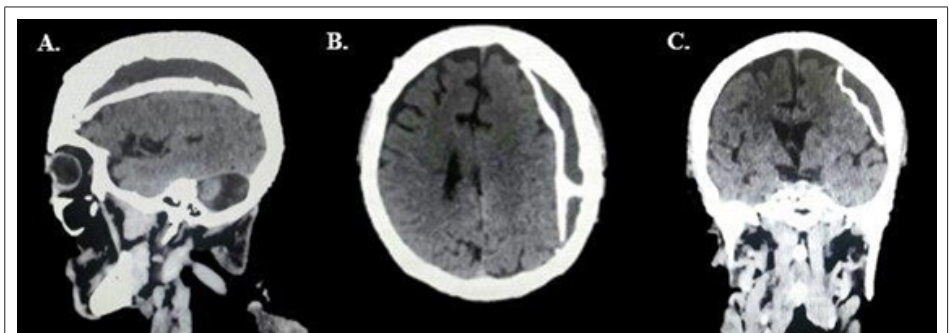


Figure 1: Simple skull tomography: Chronic hemispheric left calcified subdural hematoma in 68-year-old patient. (A) Sagittal cut, is observed a hyperostosis of the bone of the skull vault and chronic subdural hematoma calcified fronto-parieto-occipital of the left side (B) Axial cut, shows mass effect with erasure and compression of ventricular system ipsilateral (C) Coronal cut, samples encapsulated chronic subdural collecting of the left side.

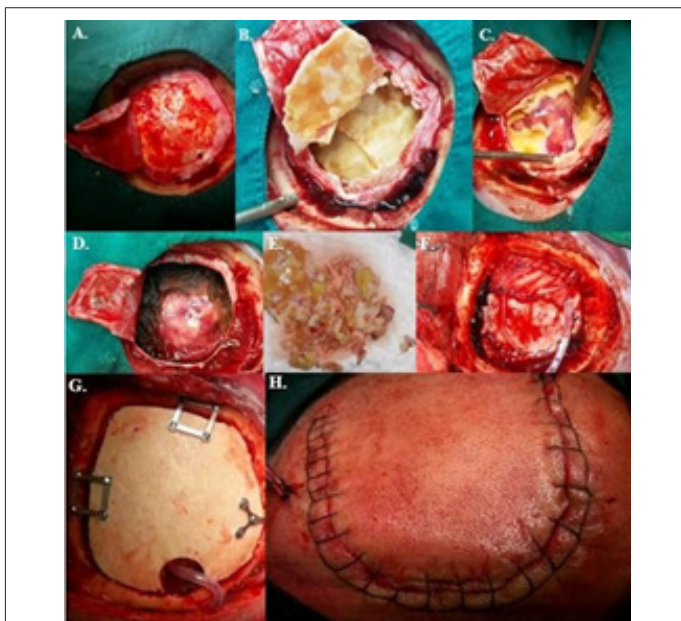


Figure 2: Craniotomy plus capsulotomy for evacuation of chronic subdural hematoma calcified in 68-year-old patient. (A) Dural opening, (B)Chronic calcified subdural hematoma, (C)Release of chronic calcified subdural hematoma of the cerebral parenchyma, (D) Surgical bed hemostasis, (E)fragments of retired calcified subdural hematoma, (F)Dural closure, (G) Placement of bone flap fixed with microplates, (H) Surgical boarding closure.

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