

**WHEN IS A SUBDURAL  
HEMORRHAGE NOT A  
SUBDURAL  
HEMORRHAGE !!!!**

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**HISTORY**

- 7 month old, previously healthy infant, transferred from referring hospital with closed head injury
- Placed in booster seat on a table by the mother
- Fell sideways (seat and all) off the table and struck back of head
- Mother placed ice pack on back of the head

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**HISTORY**

- No loss of consciousness but had 4 episodes of vomiting
- Mother did not see any bruising or swelling so did not come immediately to medical attention (she did Internet research instead)
- Past Medical History and Family History unremarkable
- Social History - Lives with mother and father  
No prior CPS history  
Father employed

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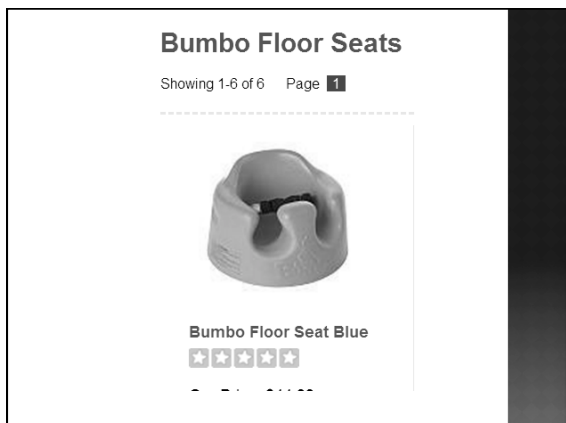
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**PHYSICAL EXAMINATION**

- Normal exam
- No swelling or bruising identified
- Non-focal neurological exam

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**ADDITIONAL WORK-UP**

- Ophtho - Normal Exam
- Skeletal survey - Negative for fracture, including the skull

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**CT SCAN FROM REFERRING HOSPITAL**  
HYPERINTENSE SUBDURAL FLUID LEFT FRONTO-PARIETAL  
REGION CONSISTENT WITH ACUTE HEMORRHAGE - NO STS  
OR FRACTURE



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**ISOATTENUATED ON REPEAT CT SCAN**  
DONE 12 HOURS AFTER FIRST SCAN



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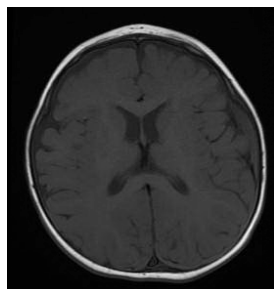
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**MRI STUDY 48 HOURS AFTER INJURY**  
ALSO DEMONSTRATES POSTERIOR PARIETAL AND OCCIPITAL  
SUBDURALS (GENEROUS SUBARACHNOID SPACE ON RIGHT)



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**CAUTIONARY THOUGHTS ON  
TRADITIONAL TEACHING!**

- Low height falls do not cause intra-cranial injury.
- Intra-cranial hemorrhage evolves radiographically in a predictable fashion.
- Impact injuries will have evidence of impact.

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