Posterior Fossa Extradural Haematomas (PFEDH) at apex trauma center: A retrospective study

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Abstract
Extradural haematomas of the posterior fossa are a rare in comparison to supratentorial epidural hematomas and much less common. Because of the limited size of the posterior fossa early identification and intervention can save the lives of these patients.

Keywords: Road side accident, Posterior fossa haematoma, Extradural haematoma.

Introduction
Extradural haematomas of the posterior fossa are a rare in comparison to supratentorial epidural hematomas and much less common in most series, posterior fossa extradural haematomas (PFEDH) themselves account for 4% to 12.9% of all EDH.[1-3] Despite the rarity of these lesions, timely recognition and surgical evacuation is necessary because of the limited size of the posterior fossa.

Materials and Methods
This is a retrospective study of 8 patients of posterior fossa extradural haematoma (PFEDH) admitted between from September 2018 to February 2020 in career institute of medical sciences and hospital, Lucknow.

Results
All admitted cases are male with age range between 18 years to 45 years mode of accident in all these cases were road side accident in these cases posterior fossa extradural haematoma (PFEDH) was compressing the brain stem with associated hydrocephalus. Glasgow coma scale (GCS) score were given in table 1.

Table 1

GCS score	Cases
13-15	Nil
9-12	6
8 Or less than 8	2

Presenting features in these cases were given in table 2.

Table 2

S. No.	Complaint	Numbers of cases
1	vomiting	5
2	Ear bleed	2
3	Altered sensorium	8
4	irritability	6

All these case were operated as soon as possible. Post surgical complication were given in table 3.

Table 3

S. No.	Complication	Numbers of cases
1	Rebleed	1
2	Operation side collection	3
3	tracheostomy	1

Rebleed case was operated again and post operative computed tomography scan shows no collection. Operation side collections were aspirates and crepe bandage was applied. In one case intraoperative tracheostomy was done which was removed on postoperative day 3. No mortality and infection were seen in these cases. Average hospital stay was 8 days.

Discussion
Patients of posterior fossa EDH are prone to rapid deterioration. PFEDH themselves account for 4% to 12.9% of all EDH.[1-3] Despite the rarity of these lesions, timely recognition and surgical evacuation is necessary because of the limited size of the posterior fossa. Surgical evacuation of posterior fossa epidural hematoma involves a occipital craniotomy or craniectomy using drill/ burr holes & Gigli

saw. In the literature the mortality in posterior fossa EDH ranges from 4% to 26.5%.[5-7]

Conclusion

Patients with posterior fossa EDH with mass effect over brain stem and hydrocephalus should undergo evacuation of hematoma as early as possible.

Source of Funding

None.

Conflict of Interest

None.

References

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