

Olgu Sunumu

Mass or Epidural Hematoma?

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Epidural hematoma emerges because of the laceration of middle meningeal artery, dissection of the dura from the bone caused by hematoma, and detachment of dura from the inner tabular layer and filling of the resultant space with blood in the temporoparietal region fractures. IN 85 % of the cases it is of arterial origin It may also originate from middle meningeal vein and venous sinus. It is in convex with 70 % pterion based. It is seen less frequently in frontal, occipital and posterior fossa.

Key words: Epidural hematoma, posterior fossa, mass

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Kitle mi? Epidural Hematom mu?

Temporoparietal bölge kırıklarında orta meningeal arterin yırtılması ve hematomun durayı kemikten diseksiyonu ile veya travma sonrası iç tabuladan duranın sıyrılması ve oluşan aralığa kanın dolması ile ortaya çıkmaktadır. Yüzde 85 arteriyel kökenlidir. Orta meningeal ven ve venöz sinüs kaynaklı da olabilir. Yüzde 70 pterion merkezli olarak konveksitede izlenir; daha az sıklıkla frontal, oksipital ve posterior fossada görülür.

Anahtar kelimeler: Epidural hematom, posterior fossa, kitle

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Epidural hematoma emerges with the laceration of middle meningeal artery and the hematoma's dissection of the dura from the bone in the temporoparietal region fractures. It is originated arterial 85 %. It may also take its source from middle meningeal vein and venose sinus. Those originating from the pterion are observed in the convexity in 70 % of the cases It is seen less frequently in the frontal, occipital or posterior fossae.

It is seen in the posterior fossa with the frequency of % 4-7 among all traumatic epidural hematomas. It stems more often from venous sys-

tem. The source is emitter veins, diploic space, transverse sinus, sigmoid sinus or torcula. It has been determined that if the epidural hematoma is greater than 10 cm, thicker than 15 mm and causes a shift greater than 5 mm, mortality rate can increase among the patients whom an early surgery was not applied.

In our case, the patient was scanned an MRI after the doubt of a lesion seen in the brain tomography taken in an external center after the trauma. This patient, six year-old girl having a trauma story six days ago, was directed to our clinic with the initial diagnosis of a mass in posterior fossa along with her cerebral MRI.

She was conscious and her cerebellar test results related to the left cerebellar hemisphere were ab-

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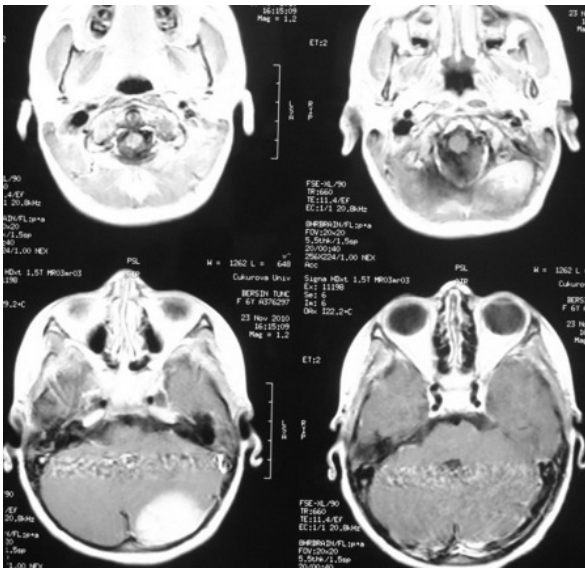


Figure 1a. Preoperative contrast-enhanced.

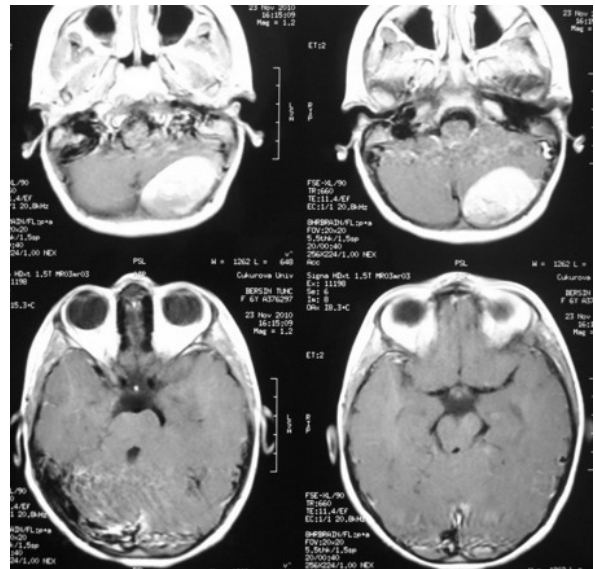


Figure 1b. Preoperative contrast-enhanced.

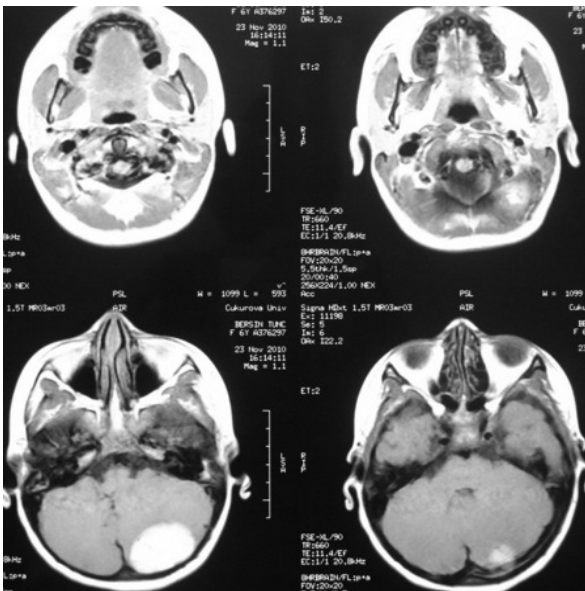


Figure 2a. Preoperative T1 sequence.

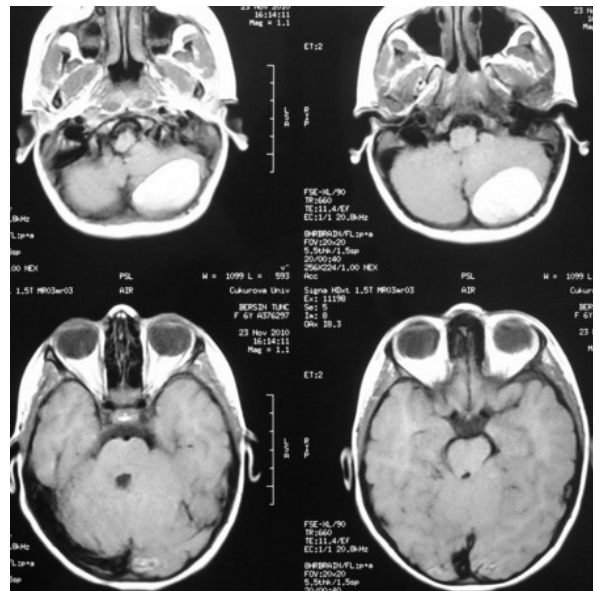


Figure 2b. Preoperative T1 sequence.

normal in her neurologic consultation.

It was reported that there were neoplastic lesions which were well limited, having no distinctive oedema effect, in each sequence with hyperintense feature in the left cerebellar hemisphere in the cerebral MRI report of the patient whose contrasted cerebral MRI was taken in our clinic (Figure 1, 2, 3). The patient was taken to operation with the sitting posture. Suboccipital

craniectomy was performed, and epidural hematoma were decompressed. Operation was finalized after the bleeding control (Figure 4).

CONCLUSION

Owing to the fact that epidural hematomas are rarely seen in Posterior fossa, they can easily mix with posterior fossa masses especially in childhood ages.

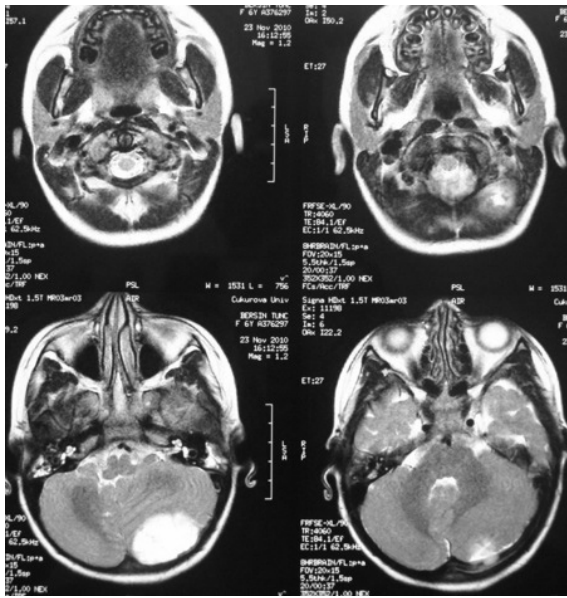


Figure 3a. Preoperative T2 sequence.

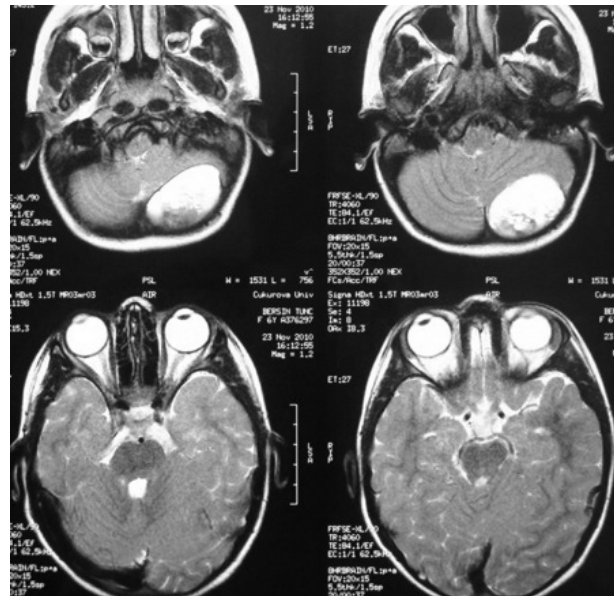


Figure 3b. Preoperative T2 sequence.

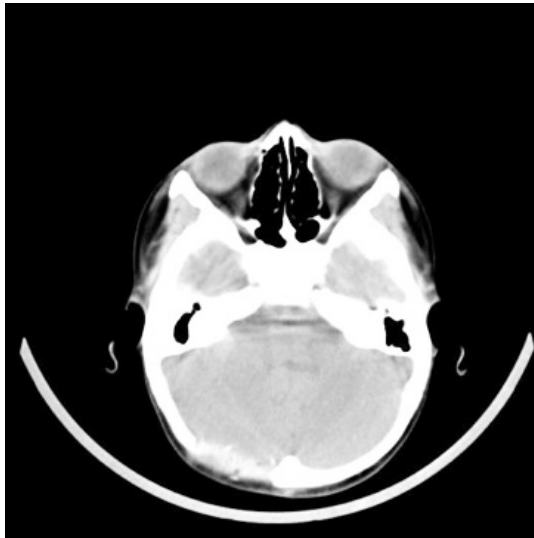


Figure 4a. Postoperative ct sequence.

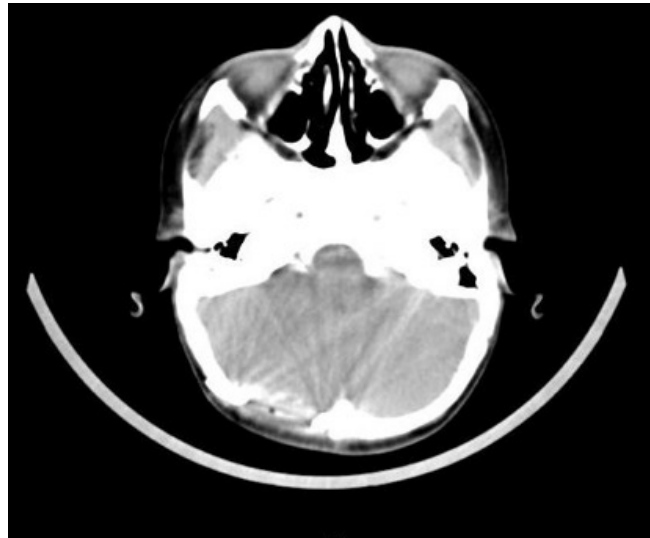


Figure 4b. Postoperative ct sequence.

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