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经验与短篇

慢性硬膜下血肿钙化1例

A case of chronic subdural calcified hematoma

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患者男性, 66岁, 入院前3 d突发癫痫大发作1次, 入院时查体神经系统未见异常, 追问病史于40年前曾从马背上摔下, 当时无原发昏迷, 仅感轻微头痛。入院后行头颅CT检查提示左额顶叶6 cm×6 cm×7 cm慢性硬膜下血肿, 中线结构无移位, 血肿包膜钙化。头颅MRI提出示左额顶6 cm×6 cm×7 cm硬膜下血肿, T1WI及T2WI均表现为不均匀信号, 血肿包膜为黑色无信号区, 中线结构无移位。经充分术前准备, 在全麻下行左额顶开颅, 术中见血肿包膜外层与硬膜粘连较紧, 一并切开后见血肿包膜呈青紫色, 质地较硬, 血肿中心质地较软, 小心分离硬膜与血肿包膜外层及血肿包膜与蛛网膜, 完整切除血肿, 术后患者曾出现一过性右侧肢体偏瘫、失语, 复查头颅CT提示额顶散在脑内小血肿, 经高压氧综合治疗后, 上述症状消失。

讨论

慢性硬膜下血肿通常有头部外伤病史, 慢性硬膜下血肿的致病机制在于: 占位效应引起高颅压及局部脑受压, 脑循环受阻、脑萎缩及变性, 且癫痫发生率高达40%。为期较久的血肿, 其包膜可因血管栓塞、坏死及结缔组织变性而发生钙化, 以致长期压迫脑组织、促发癫痫, 加重神经功能缺失[1]。本例患者40年前曾有从马背上摔伤病史, 唯一临床表现为癫痫大发作1次, 按Bender分级属于第Ⅰ级[1]。本病结合头颅CT或MRI易作出诊断[2]。慢性硬膜下血肿钙化的手术治疗宜行骨瓣开颅清除血肿[1]。本例患者术后出现一过性右侧偏瘫、失语可能由于老年病人脑萎缩, 脑血管弹性差, 局部压力过低, 脑膨起过程中, 小血管破裂形成散在脑内小血肿。

关键词: 慢性硬膜下血肿钙化; 外科治疗
中图法分类号: R651.15 文献标识码: B

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