

**Clinical Image**

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**A linear variant: A case of falx cerebri interhemispheric subdural hematoma****Ibiyemi Oke MD<sup>1\*</sup>; Olufolarin Oke MD<sup>2</sup>**<sup>1</sup>Internal Medicine Department, Reading Hospital – Tower Health, Reading, Pennsylvania, USA.<sup>2</sup>Internal Medicine Department, UT Southwestern Medical Center, Dallas, Texas, USA.**\*Corresponding Author: Ibiyemi Oke**Internal Medicine Department, Reading Hospital –  
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**Case description**

An 80-year-old female with a past medical history of chronic heart failure with reduced ejection fraction, Aortic valve replacement, atrial fibrillation, and recurrent pulmonary embolism on Xarelto presented to the Emergency Room with complaints of cough, shortness of breath, and head trauma following a fall.

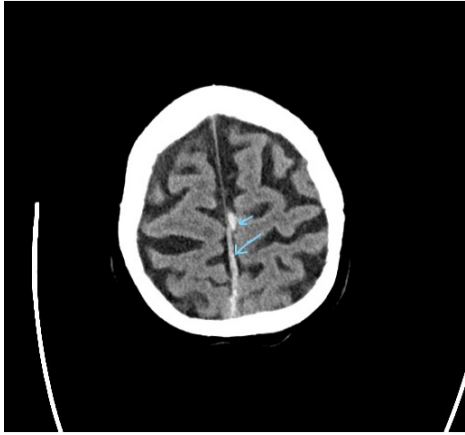
HR 112 bpm, RR 18/min, SPO<sub>2</sub> 96% on 6L, BP 160/80 mmHg, Temp 37.2. She was fully oriented and had no focal neurologic deficit; however, she was in respiratory distress and had diffuse rhonchi and rales in both lungs.

INR 1.8 (0.9-1.1), APTT 36.4 (22.8-34.2 sec), hemoglobin 13.1 (12-16 g/dL), platelet 123 (130– 400 x 10<sup>3</sup>/uL). Non-contrast CT of her brain revealed a thin caliber subdural hematoma along the left side of the posterior superior falx with small adjacent nodular hemorrhages medial to the falx, likely subarachnoid hemorrhage.

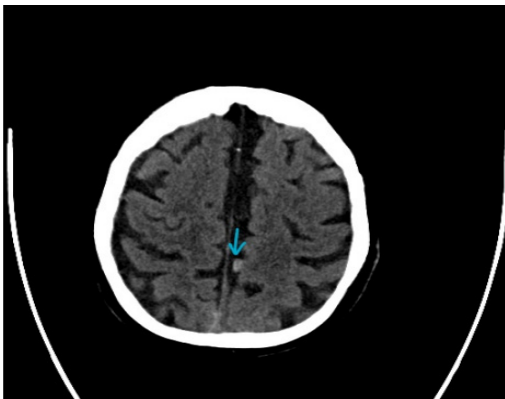
Rivaroxaban was held, and Kcentra was administered. She required intubation and antibiotics for acute hypoxemic respiratory failure secondary to Community Acquired Pneumonia.

She did not require surgical intervention repeat CT head showed expected evolution of the subdural and subarachnoid hemorrhage.

Acute subdural hematoma is a neurosurgical emergency. Interhemispheric acute subdural hematoma is rare, primarily unilateral, in an unusual location, and may have a distinctive appearance [1]. They are due to bleeding from bridging veins located between falx cerebri, parietooccipital cortex, or superior sagittal sinus. Head trauma and underlying coagulopathy are the leading causes of Interhemispheric subdural hematoma [2]. Most patients present with confusion and other prominent neurological deficits. Majority acute subdural hematomas appear as convex hyperdensities on CT scans, but Parafalcine subdural hematomas may appear linear. Most patients are successfully managed medically, but some require surgical intervention



**Figure 1:** Axial non-contrast CT scan of the brain showing a thin caliber subdural hematoma along the left side of the posterior superior falx (long arrow) with small adjacent nodular hemorrhages medial to the falx (short arrow), likely subarachnoid hemorrhage.



**Figure 2:** Repeat Non-contrast CT of the brain showing expected interval evolution of subdural and subarachnoid hemorrhage (Arrow).

[3].

### References

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