

## Traumatic cerebellar hematoma with good outcome

Antonija Krstačić<sup>1</sup>, Goran Krstačić<sup>2</sup>, Silva Butković Soldo<sup>3</sup>

ABSTRACT – A 26-year-old man was admitted to trauma department with head trauma due to fall from a ladder. He presented with a several-day history of progressive headache with vomiting. Glasgow Coma Scale (GCS) was 15 and detailed neurological examination was normal. Computed tomography (CT) scan demonstrated occipital skull fracture with traumatic cerebellar hematoma measuring 11 mm (Figs. 1 and 2). Traumatic cerebellar hematomas are rare, reported in <1% of all head injuries. Although rare, they are an important cause of morbidity and mortality. CT scan is the initial and gold standard investigation to evaluate traumatic cerebellar hematomas (1). Initial GCS score at the time of admission is the most important factor predicting the outcome. Patients with GCS >8 have good outcome, either managed conservatively or surgically. In our patient, surgery was not indicated. According to current guidelines, the patient was conservatively treated with good recovery. The patient was discharged home after follow up CT scan that showed regression of hematoma. In conclusion, conscious, small hemispheric hematomas can be serially followed up with widely and easily available CT scan and regular neurological status monitoring, thus avoiding unnecessary surgical evacuation.

Key words: trauma, occipital skull fracture, traumatic cerebellar hematoma

<sup>&</sup>lt;sup>1</sup>Sestre milosrdnice University Hospital Center, Clinical Hospital of Traumatology, Zagreb, Croatia; Faculty of Medicine, Josip Juraj Strossmayer University of Osijek, Osijek, Croatia

<sup>&</sup>lt;sup>2</sup> Polyclinic for Cardiovascular Disease and Rehabilitation, Zagreb, Croatia

<sup>&</sup>lt;sup>3</sup>Osijek University Hospital Center, University Department of Neurology, Osijek, Croatia



Fig. 1. Computed tomography scan demonstrates traumatic cerebellar hematoma measuring 11 mm.

## **REFERENCE**:

1. Ashis Patnaik, Ashok Kumar Mahapatra. Traumatic cerebellar haematoma: a review. Indian J Neurotrauma 2013;10(1):24-9. Address for correspondence: Antonija Krstačić, MD, PhD, Clinical Hospital of Traumatology, Sestre milosrdnice University Hospital Center, Draškovićeva 19, HR-10000 Zagreb, Croatia; e-mail: akrstacic@gmail.com

Fig. 2. Computed tomography scan demonstrates occipital skull fracture.