

EXTRACEREBRAL MASS LESIONS

Part of "CHAPTER 89 - INCREASED INTRACRANIAL PRESSURE"

Subdural and epidural hematomas are the most frequent extracerebral causes of elevated ICP. Acute subdural hematomas are usually a consequence of deceleration injuries; most incidences of morbidity and mortality are caused by the cerebral contusion, which almost invariably accompanies the clot. Chronic subdural hematomas often result from minor trauma in the elderly or chronically ill patient, and they appear to reflect the repeated escape of blood from the low-pressure bridging veins between the cortex and the cerebral venous sinuses.

Epidural hematomas result from the rupture of a meningeal vessel, usually as a consequence of a skull fracture. Although classically associated with a "lucid interval" (consciousness returns after the injury but is lost again within hours), the majority of patients with epidural hematoma are comatose from the time of injury because of the severity of their trauma.

Suppuration may occur in the epidural and subdural spaces, commonly after sinus or skull infections. In the epidural space, an abscess appears with localized pain, fever, meningeal reaction, and minimal evidence of nervous system dysfunction. Subdural empyema, in contrast, produces substantial underlying edema and may cause local vasculitis with infarction and more swelling. In addition to a meningeal reaction, frank bacterial meningitis may supervene.

Copyright (c) 2000-2004 [Ovid Technologies, Inc.](#)

Version: rel9.2.0, SourceID 1.9998.1.313