



PATHOLOGY



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* Clinically, patients can be <u>lucid</u> for several hours between the moment of trauma & the development of neurologic signs.

The arterial epidural H may expand rapidly & جَانِكُ لَامْ فَوْمَا عَلَيْكُ الْمُوْلِيَّةِ وَالْمُوْلِيْنِ الْمُؤْلِيْنِ عِلَى الْمُؤْلِيْنِ الْمُؤْلِيْنِيْنِ الْمُؤْلِيْنِ الْمُؤْلِي

The rapid movement of the brain that occurs in trauma can tear the bridging veins, majority of which extend from the → cerebral hemispheres through the → subarachnoid & subdural space → to empty into superior sagittal dural sinuses. These veins are particularly prone to tearing, & their rupture leads to H into the subdural space, most lesions begin in the parasagittal region

S In elderly patients, with brain atrophy, the bridging veins are stretched out & the brain has additional space for movement, accounting for the higher rate of subdural H in elderly patients, even after relatively minor head trauma.

(a) Infants are also susceptible to subdural H, because their sub-

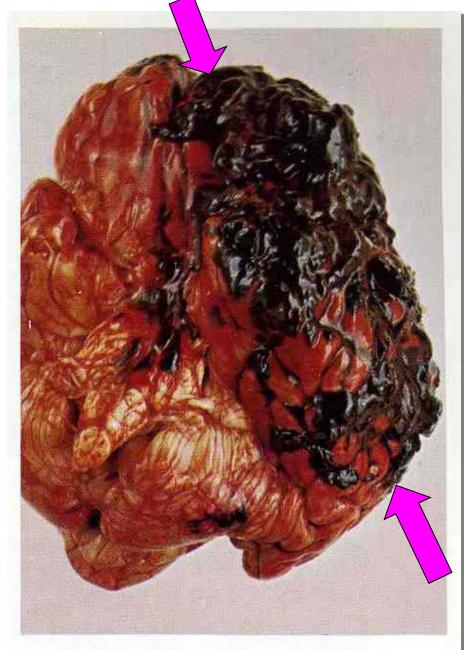
Subdural H most often become manifest within the first 48 hours after injury. They are most common over the lateral aspects of the cerebral hemispheres & are bilateral in about 10% of cases. (I) Focal neurologic signs are attributable to the pressure exerted on the adjacent brain, but (II) often the clinical manifestations are nonlocalizing & include headache or confusion. (So In time there may be slowly progressive neurologic deterioration, rarely with acute decompensation.

Frossly, the acute subdural H appears as a collection of freshly clotted blood apposed along the contour of the brain surface, without extension into the depths of sulci (F23-13C & 9-21). The underlying brain is flattened.

رمنع مل عليه.

Subdural H is <u>venous bleeding</u>, & is self-limited; breakdown & organization of the H take place over time: (1) by lysis of the RBC (in about 1 week),

(2) growth of fibroblasts from the dural surface into the H (in 2) weeks), & (3) early development of hyalinized connective tissue (in1-3 months), which is attached to the inner surface of the dura & is not adherent to the underlying arachnoid.



9.21 Subdural haemorrhage (subdural haematoma): brain

F 9-21: Subdural hemorrhage (hematoma): brain.

A massive subdural hemorrhage over the left fronto, temporo, parietal regions extends over the inferior surface of the hemisphere.

* Most subdural hemorrhages follow blunt injury to the skull; & in the elderly they may occur without a history of direct injury to the head. due to alrephy.

But in this case, the cause was an & extensive fracture of the skull.

► Subdural hematomas commonly rebleed (chronic subdural hematomas), presumably from the thin-walled vessels of the granulation tissue.

The treatment of subdural hematomas is to remove the organized blood & associated organizing tissue. MRI/CT

scan اعدوا في الجادهده الـ Hematomas (باقى السلايه مش داخل)

INFECTIONS OF THE CNS

- ★The brain & its coverings can be affected by many infectious agents, some have a relative or absolute predilection for the nervous system (e.g., rabies), others can affect many other organs as well as the brain (e.g., Staphylococcus aureus).
- ★ Damage of the infectious agents to nervous tissue may be the consequence of:
- (1) Direct injury by the infectious agent to neurons or glia, or
- (2) Indirectly, through the microbial toxins, or through the
- (3) Destructive effects of the inflammatory response, or the
- (4) Influence of immune-mediated mechanisms.