

5<sup>th</sup> Annual Meeting on  
**NEUROSURGERY AND NEUROLOGICAL SURGEONS**  
September 10-11, 2018 Singapore

**Large spontaneous subdural hemorrhage in newborn: A rare occurrence in north Borneo**

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Spontaneous Subdural Hemorrhage in Infants (SSDHI) can be defined as a clinically significant subdural hemorrhagic collection without a history of trauma, infection, occurring without any local or systemic cause and for which not element of suspicion of child abuse was found. It is considered a rare occurrence among full-term newborns. We report a 36 hour old infant that was referred for poor Apgar score (4/4/9) after delivery. Baby was born at term from a Gravida 6 mother with no significant antenatal history. The vaginal delivery was uneventful. Child scored a Glasgow Coma scale (GCS) of E1V2M3 (6/15) and anterior fontanelle was full and tense. A Computed Tomography (CT) brain showed an acute left front-temporal-parietal SDH with maximum thickness of 3 cm and midline shift of 1.5 cm. Patient's blood investigations were normal and a thorough history excluded birth injury and trauma or abuse during pregnancy. Fundoscopy showed no evidence of retinal hemorrhages. A left craniotomy and evacuation of clot was performed. Intra-operatively, there was no evidence of scalp laceration or skull fracture. Child was extubated on day 2 after operation. Child was active and there was no evidence of neurological deficit. CT Angiogram (CTA) brain showed no evidence of vascular malformation. Currently child is still developing according to milestones. SSDHI is a controversial diagnosis and it is vital to exclude non-accidental injury. Possible causes are immaturity of Dura anatomy in infants which makes it vulnerable to injury. Secondly, birth injury due molding of skull. Furthermore, due to this there is also possible hypoxic injury to endothelial cells that can cause meningeal vessel leak. In this case report, the plausible explanation for the injury is most probably mechanical compression and distortion of the skull which is a physiological process during delivery.

**Biography**

Nur Nazleen Said Mogutham is currently working as a Trainee at the Neurosurgery Department in Kota Kinabalu. She has been in Sabah for two and a half years and this has enriched her knowledge on neurotrauma, neuroanesthesia and neurorehabilitation.

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