

BILATERAL SUBDURAL HEMATOMA DUE TO INTRACRANIAL HYPOTENSION- A CASE REPORT OF CERVICAL SPINAL CSF LEAK

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Headache is a common complaint encountered in neurological practice. Intracranial hypotension(IH) is a rare cause often misdiagnosed. We present a case of low cerebrospinal fluid(CSF) pressure headache resulting from CSF leak. A middle-aged woman with a 2-week history of persistent headache, located in the frontotemporal areas, associated with photophonophobia, nausea, vertigo, bilateral tinnitus, following an episode of neck trauma. A head computed tomography(CT) revealed blood at Sylvian fissure and subarachnoid hemorrhage was suspected. On admission, she had a normal neurologic examination. CT angiography showed left subdural hematoma(SDH) without vassal abnormality. She had a minor head trauma 2 months before on the left parietal side, suicidal attempt 14 years ago, and untreated hypertension. She left the hospital with treatment for hypertension and analgesics. The patient was readmitted to hospital 8 days later with headache very refractory to analgesics persisting in the lying position. The slightest changes in the head position did worsen the pain. A control head CT showed bilateral SDH. Laboratory and blood coagulation workups were unremarkable. Brain MRI with gadolinium contrast revealed signs of underlying intracranial hypotension and cervical-thoracal MRI showed extradural liquor collection at C1-C2 level. We concluded that SDH was a complication of IH due to CSF leakage at this level. As the conservative treatment was without effectiveness she underwent blood patch therapy with excellent outcomes. In conclusion, we emphasize that IH should be highly suspected in all patients presenting with bilateral or recurrent SDH, as well as in middle-aged patients with new-onset, daily persistent headaches.

