Large Subdural Hematoma in Advanced Huntington’s Disease

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We previously reported a 57-year-old woman who was diagnosed with Huntington’s disease based on the genetic testing and had atypical features (1). During her clinical course, she became mute and immobile and was completely dependent on her caregivers. She also developed oral dyskinesia but no other involuntary movements were observed. The patient did not receive any anti-coagulants or anti-platelet therapy. Two weeks before the visit, her caregivers noticed that she had become less active. At the visit, the physician noticed a subtle change in her way of responding to a regular physical examination. There were no signs of abuse. A CT scan was performed and revealed a large subdural hematoma (SDH) (Picture A), which was improved by surgical drainage (Picture B). After the surgical procedure, the patient became slightly active in responding to outside stimuli. Severe brain atrophy due to Huntington’s disease (HD) may have masked the symptoms of an SDH of this size. The lack of any history of head trauma suggests that the severe atrophy of the large space between the dura mater and the brain could be a cause for SDH.

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Reference