DELAYED PRESENTATION OF POST- TRAUMATIC EXTRADURAL HEMATOMA AND FACIAL NERVE PALSY: A CASE REPORT

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INTRODUCTION

Extradural hematoma (EDH), characterized by blood accumulation between the skull and dura mater, is a well-known consequence of head trauma. However, there's a subset termed "delayed EDH," where initial scans may underestimate bleeding, only revealing significant hematoma on subsequent imaging within 72 hours. Concurrently, facial nerve palsy, a common neurological sequelae post-trauma, presents diagnostic challenges.

CASE DESCRIPTION

A 23-year-old female presented to the ED following a motor vehicle accident with initial assessment revealed loss of consciousness and retrograde amnesia. CT scan of the head showed a right temporoparietal bone fracture without signs of acute intracranial hemorrhage. The patient was admitted for a three-day observation period in the ward. She was discharged with a referral to the neurosurgical team for further evaluation and management. However, on day six post-trauma, the patient returned with new complaints of right-sided facial drooping, raising concerns of potential neurological complications. Subsequent imaging studies revealed the development of an acute right temporoparietal extradural bleed, in addition to the previously identified bone fracture. An urgent consultation with both the neurosurgery and otorhinolaryngology teams to formulate an appropriate treatment plan. In response to the emergent situation, corticosteroid therapy was promptly initiated to manage the evolving neurological symptoms and mitigate the risk of further complications. She was treated conservatively and shows a good sign of recovery.

DISCUSSION

Delayed EDH underscores the need for vigilant monitoring and serial imaging in head trauma management. Temporal bone fractures, often associated with delayed EDH, require heightened clinical suspicion. Acute EDH has a higher risk of deterioration, requiring evacuation, while those with delayed presentation can be managed conservatively. Delayed facial nerve palsy post-temporal bone fractures involves hematoma expansion exacerbating facial nerve compression. While corticosteroids may provide relief, surgical decompression may be necessary.

CONCLUSION

The presented case highlights the diagnostic intricacies associated with delayed post-traumatic EDH and facial nerve palsy on day 6 of trauma. Clinicians must remain vigilant for subtle clinical manifestations and utilize serial imaging to promptly identify evolving intracranial pathologies despite presentation out of timeframe. Furthermore, patients should

receive comprehensive education regarding potential delayed neurological sequelae and the importance of timely medical evaluation.

KEYWORDS

Extradural haemorrhage, Facial palsy