

## Unilateral multi-compartmental chronic subdural hematoma in a kabaddi player

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Kabaddi is a game widely played in India and in many other countries; which combines the actions of wrestling, judo, rugby and gymnastics and the important body movements in this game involve catching, holding, locking and jumping<sup>1</sup>. In spite of the wide popularity of this game only few reports address the issue of injuries associated with game<sup>2,3</sup>. A 24 year male patient presented with the history of headache of 10 days duration. Headache was associated with blurring of vision, neck stiffness and vomiting. There was no history of focal weakness, fever or seizures. He had head-on collision with a fellow player while playing kabaddi two months earlier, and at that time he had transient loss of consciousness followed by recovery. Clinical examination was unremarkable, and funduscopy revealed papilloedema. Coagulation profile was normal. CT brain showed right-sided isodense biconvex temporal collection and a separate right sided fronto-parietal isodense concavo-convex collection with mass effect and midline shift (Figures 1 and 2). He was diagnosed as having right sided multi-compartmental chronic subdural hematoma, and taken for surgery. The sub-dural hematoma was evacuated through a high temporal burr-hole and through a small low temporal craniectomy. After surgery his headache was relieved and he is doing well.

Chronic subdural hematoma (CSDH) is one of the most common types of traumatic intracranial hematoma encountered in daily neurosurgical practice, and often occurs in the elderly<sup>4-8</sup>. CSDH may be precipitated by minor trauma<sup>9</sup> and sports related CSDH have been reported in many sports including boxing<sup>10-13</sup>, basketball<sup>14</sup>, race walking<sup>9</sup> and snowboard head injury<sup>15</sup>. An extensive search of the literature revealed that a CSDH in kabaddi player have not been reported in the literature. Based on the timing age of the CSDH, timing of imaging based

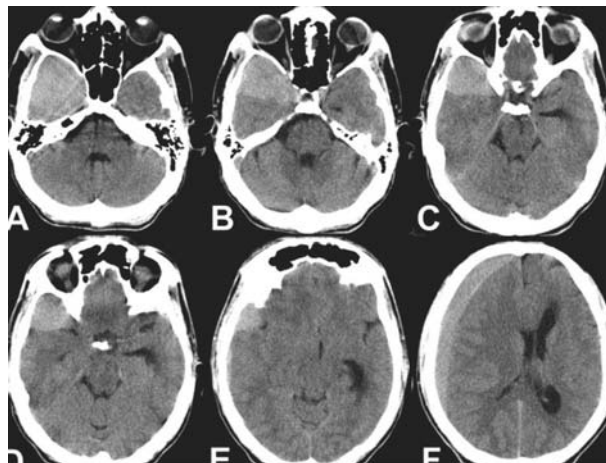


Fig 1: CT scan brain axial images showing crescentic hypo- and isodense fronto-parietal and biconvex temporal-sub temporal collections of chronic subdural hematoma

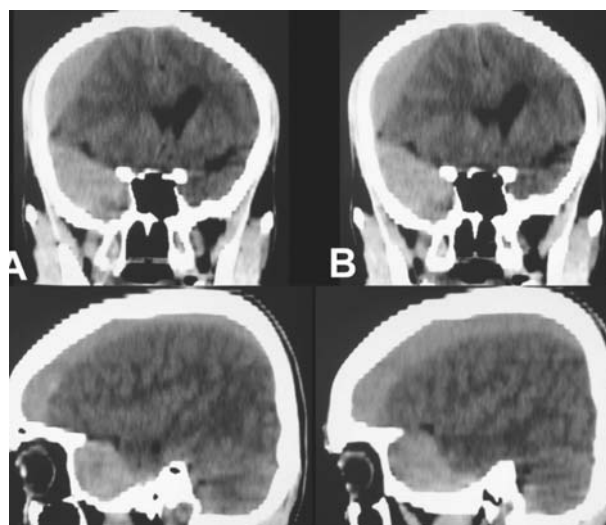


Fig 2: CT scan brain sagittal images showing crescentic hypo- & isodense fronto-parietal and biconvex temporal-sub temporal collections of chronic subdural hematoma

and patterns observed on the conventional views a classification regarding the shape of CSDH has been proposed and it describes the lesions as Type 1 (band), Type 2 (biconvex), Type 3 (diffuse) and Type 4 combined<sup>16</sup>. CSDH usually spreads out over the cerebral convexity, and appears as a crescent-shaped lesion<sup>17,18</sup> and on imaging

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rarely it can be of globular shape<sup>17</sup>, albeit subtemporal location of the subdural hemorrhage is not very common<sup>19,20</sup>. Evaluation of an athlete with a history of head injury, albeit mild, who complains of headaches should include CT and/or MRI if available to allow quick identification of acute or delayed intracranial pathology<sup>15</sup>.

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