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Chronic Subdural Hematoma: Drainage versus No Drainage

Kronik Subdural Hematom: Drenli ya da Drensiz

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Having reviewed the recent paper by Kutty and Johny: "Chronic subdural hematoma: A comparison of recurrence rates following burr-hole craniostomy with and without drains (2)", we would like to make the following observations based on our professional experience (1).

First, the current consensus among neurosurgeons is that one or two burr holes with subdural drainage is the gold standard for the treatment of chronic subdural hematoma (CSDH), resulting in fewer complications and lower mortality rates in all recent series (4).

Second, we believe that to compare the two surgical techniques, there must be a certain consistency in the two study groups. The authors only indicate the age and sex distribution of both groups, however it is very important to know several things that make the series are not significantly homogeneous and therefore the results may be biased. It is important to know that the degree of clinical status of the patients using the Glasgow Coma Scale or Markwalder has proven to be a significant prognostic factor in most published series. Clinical status at surgery is one of the most important prognostic factors in CSDH (1,4).

It is also important to know the internal architecture of the hematoma. Nagacuchi et al. classify the internal architecture of subdural hematomas in four types: homogeneous, laminar, separated, and trabecular (3). This author has demonstrated that the CSDH with separated structure has a great risk of recurrence ($p < 0.0001$).

REFERENCES

1. Gelabert-Gonzalez M, Lopez-García E, Fernandez-Villa JM: Chronic subdural hematoma treated by burr holes and Closed drainage system: A review of 630 cases. Med Princip Pract 10: 41-47, 2001
2. Kutty SA, Johny M: Chronic subdural hematoma: A comparison of recurrence rates following burr-hole craniostomy with and without drains. Turk Neurosurg 24: 494-497, 2014
3. Nagacuchi H, Tanishima T, Yoshimasu N: Factors in the natural history of chronic subdural hematomas that influence Thiers postoperative recurrence. J Neurosurg 95:256-262, 2001
4. Santarius T, Kirpatrick PJ, Ganesan D, Chia HL, Jalloh I, Smielewski P, Ricards HK, Marcus H, Parker RA, Price SJ, Kirollos RW, Pickard JD, Hutchinson PJ: Use of drains verus no drains alter burr-hole evacuation of chronic subdural haematoma: A randomised controlled trial. Lancet 374: 1067-1073, 2009