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Journal of Gerontology & Geriatric Research

Editorial

Subdural Hematoma in Geriatric Patients

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EDITORIAL

Older adults are the fastest growing age group in the world, and the prevalence of traumatic brain injuries (TBIs) rises with age. This process has far-reaching implications for society services, particularly healthcare. Finland has one of the highest rates of TBI-related mortality in Europe, and the prevalence is steadily rising among the elderly. Following a TBI, older adults had poorer results and a higher fatality rate. Chronic subdural hematoma (SDH) is one of the most prevalent neurosurgical diseases caused by an increased risk of falls among an ageing population. Mini-invasive craniostomy is the most recent approach for chronic SDH evacuation. Despite this, the 1-year death rate linked with chronic SDH has been found to be as high as 13% -32% in the elderly.

The greatest mortality load, however, has been related with older individuals who have undergone trauma craniotomy, particularly evacuation of an acute SDH. The 30-day death rate for patients with acute SDH has been found to range from 27% to 70% in various cohorts. A dispute has raged over whether older patients will truly benefit from major neurotrauma surgery, especially given that older age has been linked to a slew of postoperative complications. In the absence of evidence-based standards, some trauma centres have established age-based cut offs for admissions and neurosurgical procedures for older adults, while others will execute neurosurgical interventions without predetermined criteria and evaluate patients on a case-by-case basis. It is impossible to extrapolate from the present research how fatality rates after acute trauma craniotomy have altered on a broader scale throughout time. Furthermore, the findings of single-centre research may have been distorted by local practises and guideline interpretations.

Globally, the aging population has been increasing significantly, with current forecasts estimating that there will be more than 1.5 billion people over the age of 65 by 2050. This demographic trend implies a concomitant, continuously increase in patients suffering from chronic subdural hematoma (CSDH), a disorder generally associated with old age, for neurosurgeons. Epidemiologic studies have revealed that the incidence of CSDH rises from 3.4/100,000/year in people over 65 to up to 58-127/100,000/year in the elderly. As a result, CSDH in the elderly will become an even more common pathology in neurosurgery in the next decades.

Geriatric patients provide distinct problems, as age has been found in studies to be a predictor of poor result and mortality, regardless of surgical field or pathology treated. As a result, careful and comprehensive counselling of older patients and their families becomes critical in therapeutic decision-making. When deciding whether patients should receive additional treatment for their CSDH, a proper assessment of their prognosis is critical. The Subdural Hematoma in the Elderly (SHE) score was developed in 2019 to assist doctors in their decision-making and counselling as a model to predict 30-day mortality from a subdural hematoma in the elderly population following mild or no trauma.

A common type of intracranial haemorrhage is Chronic Subdural Hematoma (cSDH), which is defined as an intracranial, extra-axial accumulation of blood lasting more than three weeks. A number of pathophysiological mechanisms interact to cause cSDH. An injury initially divides the dural border cell layer. Inflammatory cells migrate to repair the border cell layer, and inflammatory processes and activated pro-collagens enhance membrane development. Angiogenic factors promote the creation of frail capillaries within the new membrane, whereas fibrinolytic mechanisms limit clot formation, resulting in on-going haemorrhage. Despite more inflammation and membrane growth, the resulting membrane-lined cavity extravasates blood and fluid. Although trauma is commonly associated with the development of cSDH, it may be absent or minimal.

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Received: October 14, 2021, **Accepted:** October 19, 2021, **Published:** October 24, 2021

Citation: Jonsson R (2021) Subdural Hematoma in Geriatric Patients. J Gerontol Geriatr Res. 10: 580