

Medico-legal Implications of Chronic Subdural Haemorrhage

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Introduction

Subdural haemorrhage is almost always traumatic and rarely natural for example in bleeding diathesis. Traumatic SDH occurs following break of the parasagittal bridging vessels due to shearing movement of the head. Clinical features appear in 3 days in acute SDH, in 3 days to 3 weeks in sub-acute SDH and after 3 weeks in chronic SDH. SDHs are aged macroscopically at autopsy and histopathologically.

Case report

A 42 years old female knocked down by a bus while walking along a road was admitted to a base hospital. She was unconscious on admission and had nausea, vomiting and headache. However, she did not have retrograde amnesia. By the next day, almost all symptoms were settled except headache and was discharged.

Fifteen days later, she developed sudden onset bilateral lower limb weakness and was re-admitted. She was transferred to a tertiary care hospital immediately. The pre-op CT scan showed left frontal chronic subdural hemorrhage (SDH) and the patient was subjected to a burr hole surgery. Post-op CT showed a residual thin layer of hypo-dense subdural collection with air within and most likely post-surgical changes with no mid line shift.

Category of hurt in the Medico-legal examination form (MLEF) was filled as "non-grievous". In the remarks column, it was mentioned that the injury could be "fatal in the ordinary course of nature" if the SDH was a consequence of the original accident.

Conclusion

This chronic SDH could be following a separate incident that took place before or after the traffic accident. Such events that occur after the incident are called "Novus actus interveniens", that is the involvement of a new act destroying the chain of events. Therefore, without dating the chronic SDH accurately, it is not safe to use such a finding for categorization of hurt.