Case	(248) Remote cerebellar hemorrhage: a diagnosis not so remote
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CASE PRESENTATION

Male of 68 years in early postoperatory of aneurysm clipping surgery whit sudden neuro logical impairment that requires orotracheal intubation. Findings in computed tomograp hy: Postsurgical changes with right frontal craniectomy and metal artifact in anterior co mmunicating artery.

A discrete quantity of extraaxial pneumocephalus is associate. Intra parenchymal cerebellar hematoma is seen in both posterior cerebellum lobes, with a min imum subdural tentorium extension and slight adjacent edema.

This findings exert a ma ss effect in the fourth ventricle, with mild supratentorial hydrocephalus without signs of activity, and condition ascending trastentorial herniation.

DISCUSSION

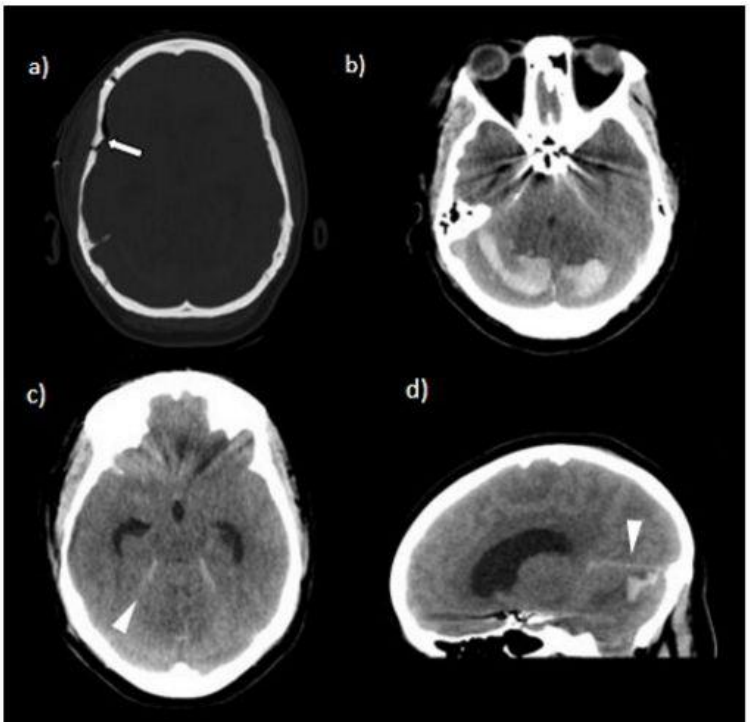
The diagnosis of this patient is a remote cerebellar hemorrhage. It is an extremelly rare c omplication of supratentorial or spinal surgery. It is called remote as it presents in an an atomically area away from the surgery location. The patho phisiology behind this pheno menon remais uncertain. In most cases, patients are asymptomatic.

However, it depends on the degree of bleeding and, in some cases like the reported, it can debut with reduce d level of consciousness and can be a potentially devasting complication. The most com mon radiologic presentation is the “zebra sign”, consisting of layering of bood between cerebellar folias.

Less fequently we can find intraparenchymal or lobar hemorrhage, as i n this patient. Surgical history is essential for the proper interpretation of imaging findi ngs, and this is important, since remote cerebellar hemorrhages have better prognosis than sp ontaneous ones.

CONCLUSION

Remote cerebellar hemorrhage is a rare complication of supratentorial and spinal surgeri es. It is important for the radiologist to know it as it usually has better prognosis than sp ontaneus cerebellar hematoma.



Axial simple CT images (a, b, c) and sagittal reformation (d) showing a frontal craniectomy with a slight quantity of extraaxial pneumocephalus (a, arrow). Metal artifact in anterior communicating artery (b). Intraparenchymal cerebellar hematoma affecting both lobes and exerting mass effect on IV ventricle (b, d) and ambient cistern with dilatation of the temporal horns (c). Minimum subdural tentorium extension of the hematoma (c, d, arrow head).

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