

Case Report

A Rare Cause of Reversible Parkinsonism

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Abstract

A 58-year-old male patient presented to us with slowness while walking, memory loss and urinary incontinence for the past 2 months. He had short-term memory loss, bradykinesia, lead pipe rigidity and short stepping gait. A non-contrast CT scan of the head showed bilateral frontoparietal chronic subdural hematoma. Following bilateral burr hole craniotomy with drainage and evacuation of hematoma, the patient improved over the next 2 weeks.

Keywords: Subdural hematoma, Parkinsonism, Neurocognitive disorder

Introduction

Chronic subdural hematoma commonly presents with alteration in sensorium or focal motor deficits in elderly patients. [1] It may rarely present with clinical features of Parkinsonism. [2]

Case Report

A 58-year-old male patient presented to us with slowness while walking, memory loss and urinary incontinence for the past 2 months without any prior history of fever, neck pain, seizure, loss of consciousness, or head trauma. There was no history of diabetes, hypertension, or cerebrovascular accident in past. He had recent short-term memory loss on higher mental function testing, with bradykinesia, lead pipe rigidity and short stepping gait. The patient was investigated for rapidly progressive parkinsonism, and neurocognitive disorder. Routine blood investigation including blood counts, renal, hepatic, glycaemic, lipid, and thyroid profile was within normal limits. Magnetic



Resonance Imaging (MRI) of the brain showed bilateral frontoparietal chronic subdural hematoma (**Fig 1**). Following bilateral burr hole craniotomy with drainage and evacuation of hematoma, the patient improved over the next 2 weeks.

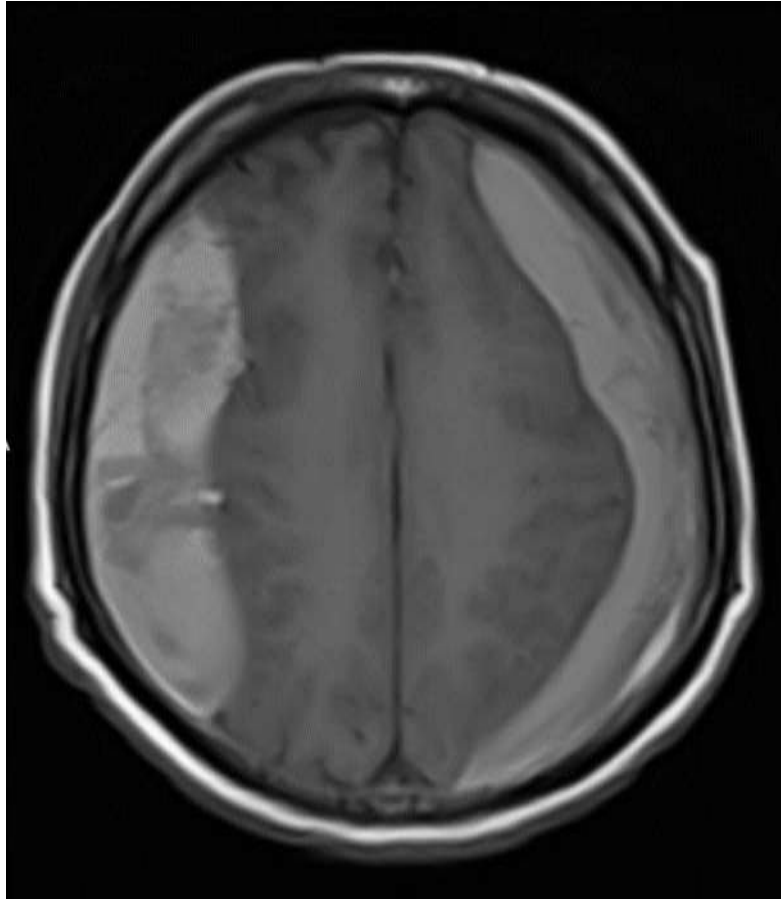


Fig 1 – MRI Brain showing bilateral chronic subdural hematoma

Discussion

Chronic subdural hematoma commonly occurs in elderly individuals following minor head trauma. As in our case, patients may not even remember any incidence of head trauma. Parkinsonism is an atypical clinical presentation of chronic subdural hematoma. Features including bradykinesia, rigidity, and resting tremors may be present. [3, 4] Parkinsonism following chronic SDH is commonly symmetric as against asymmetric Parkinsonism seen in Idiopathic Parkinson's disease. The underlying pathophysiology of Parkinsonism features in chronic SDH may be related to the direct pressure effect of hematoma on basal ganglia or neurotransmitter-related dysfunction. [5] Surgical drainage and evacuation often result in the resolution of parkinsonism features. Chronic SDH should be kept in mind



while dealing with symmetric Parkinsonism in elderly patients for early and prompt treatment of this surgically treatable disorder.

References

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