

THE USE OF ATORVASTATIN IN CHRONIC SUBDURAL HEMATOMA: A CASE REPORT

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CASE REPORT

Female patient, 88 years old, with a history of Systemic Arterial Hypertension, controlled with acetylsalicylic acid 100mg 1x/day, losartan 50mg 1x/day, atenolol 25mg 1x/day, rosuvastatin 5 mg 1x/day. As a participant in the research protocol for dementia at InRad HCFMUSP, she underwent Magnetic Resonance Imaging on 10/10/23, with a critical incidental finding of subdural hemorrhage. The report suggested Chronic Subdural Hematoma measuring up to 1.5 cm in the right frontoparietal region, with foci suggestive of more recent bleeding and local expansive effect, with straightening of the underlying gyri. When referred to the Emergency Room, the patient was asymptomatic and, when questioned, reported a fall from her own height in August/23, without warning signs and without seeking hospital. On neurological examination, she presented a Glasgow Coma Scale (ECG) of 15, with no sensory or motor deficits. The approach adopted was discharge, with suspension of

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INTRODUCTION

Chronic Subdural Hematoma (cHSD) is one of the most frequent types of intracranial hemorrhage, most commonly found in elderly patients. The pathophysiology of formation and expansion of HSDc involves traumatic and inflammatory components, with accumulation of blood in the dural space and the formation of membranes and new fragile blood vessels. Therefore, medications are being investigated as potential therapeutic agents, such as atorvastatin, a statin that inhibits HMG-CoA reductase.

AAS and prescription of atorvastatin 20 mg/day, without indication of urgent neurosurgery. Patient returned on 12/06/2023 for an outpatient consultation with resolution of the hematoma on external tomography examination.

FINAL CONSIDERATIONS

the use of atorvastatin for the conservative treatment of cSHD can be effective, especially for asymptomatic or mildly symptomatic cases. Its ability to modulate inflammation makes it possible to resolve the condition without the need for surgical intervention – which is, today, the main treatment and, however, carries risks of recurrence and death.