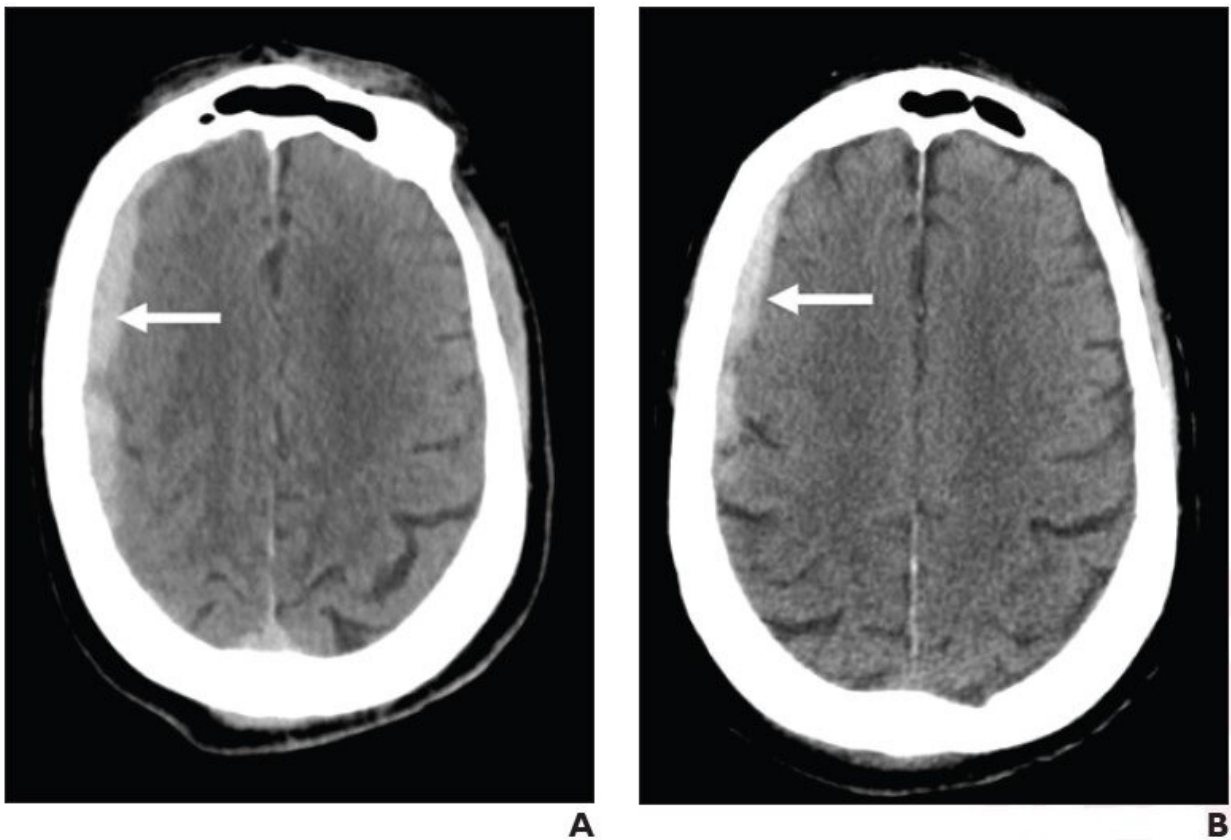


Antithrombotic therapy unassociated with intracranial hemorrhage after fall

March 24 2022



Patient had no focal neurological deficit. (A) Axial slice from initial noncontrast head CT shows right frontoparietal subdural hematoma (arrow); hematoma was classified as exhibiting both regional mass effect and midline shift (not shown). (B) Axial slice from noncontrast head CT performed 8 hours later shows stable size of hematoma (arrow). Patient was discharged home in stable condition 2 days later. Credit: American Roentgen Ray Society (ARRS), *American Journal of Roentgenology (AJR)*

According to the *American Journal of Roentgenology (AJR)*, antithrombotic therapy was not linked to increased incidence of traumatic intracranial hemorrhage on CT in adult patients, although the therapy did show association with hematoma expansion at follow-up.

"The findings suggest, in patients with good neurological status after ground-level fall, application of a similar strategy for selecting patients for initial head CT, regardless of [antithrombotic therapy](#) use," wrote first author Zeynep Vardar at the University of Massachusetts Medical Center in Worcester. "If initial head CT shows traumatic intracranial hemorrhage, early follow-up head CT should be systematically performed in those on antithrombotic [therapy](#) though possibly deferred in other patients."

Vardar and colleagues' retrospective case-control study included 1,630 patients (693 female, 937 male; mean age, 80 years) who underwent head CT after presenting to the [emergency department](#) (ED) with ground-level fall (Glasgow Coma Scale ≥ 14 and no focal neurological deficit) between January 1 and December 31, 2020. Initial head CT examinations were reviewed for traumatic intracranial hemorrhage characteristics and follow-up head CT examinations (performed within 24 hours) were reviewed for hematoma expansion, with clinical outcomes extracted from medical records.

The frequency of intracranial hemorrhage after ground-level fall with good neurological status was not significantly different between patients on antithrombotic therapy and those not on antithrombotic therapy (4.4% vs 3.1% respectively, $p = .24$). However, hematoma expansion occurred more frequently in patients on antithrombotic therapy (26.2% vs 4.8%, $p = .04$).

Also noting no significant difference between patients on anticoagulant therapy alone, antiplatelet therapy alone, or both, "the frequency of midline shift and regional mass effect was not significantly different between patients on antithrombotic therapy and control [patients](#)," the authors of this *AJR* article added.

More information: Zeynep Vardar et al, Traumatic Intracranial Hemorrhage on CT After Ground-Level Fall in Adult Patients on Antithrombotic Therapy: A Retrospective Case-Control Study *American Journal of Roentgenology* (2022). [DOI: 10.2214/AJR.21.27274](https://doi.org/10.2214/AJR.21.27274)
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