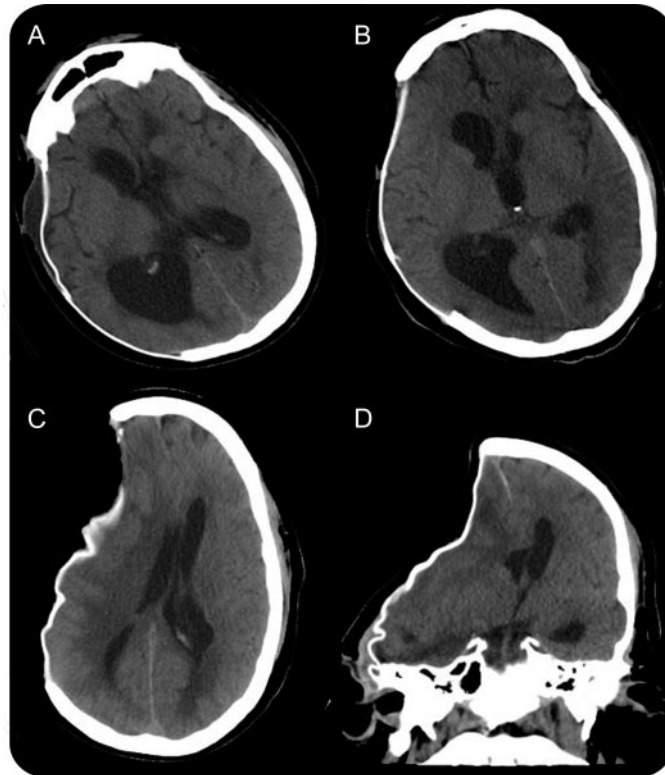


Teaching NeuroImages: Gravity reverses paradoxical herniation in the sinking brain syndrome

Ashutosh Prabhakar
Jadhav, MD, PhD
Nagagopal Venna, MD

Address correspondence and
reprint requests to Dr. Ashutosh
P. Jadhav, Kaufmann Medical
Bldg, Suite 811, 3471 Fifth
Avenue, Pittsburgh, PA 15213
ashu@post.harvard.edu

Figure Axial and coronal views on head CT



CT image shows right-to-left midline shift of the right frontal lobe, resulting in subfalcine and uncal herniation (C, D) compared with a prior scan (A). The patient was placed in the right lateral decubitus position. (B) A repeat CT scan showed expansion of the previously effaced right lateral ventricle and improvement of the midline shift.

A 41-year-old man required right hemicraniectomy for cerebral edema from intracranial abscesses. Four months later, he had worsening left-sided weakness attributed to communicating hydrocephalus (figure, A). A large volume lumbar puncture led to clinical improvement, but 5 days later, he became obtunded, and the cranial flap was depressed. CT showed a shift of the right frontal lobe with subfalcine and uncal herniation (figure, C and D). The patient was placed in the right lateral decubitus position and became alert after 1 hour with repeat CT showing reversal of herniation (figure, B).

Paradoxical herniation after CSF drainage is a potential complication of craniectomy.^{1,2}

AUTHOR CONTRIBUTIONS

Dr. Jadhav: drafting/revising the manuscript, analysis or interpretation of data, and acquisition of data. Dr. Venna: study concept or design and acquisition of data.

REFERENCES

1. Kelley GR, Johnson PL. Sinking brain syndrome: craniotomy can precipitate brainstem herniation in CSF hypovolemia. *Neurology* 2004;62:157.
2. Akins PT, Guppy KH. Sinking skin flaps, paradoxical herniation, and external brain tamponade: a review of decompressive craniectomy management. *Neurocrit Care* 2008;9:269–276.

Neurology[®]

Teaching *NeuroImages*: Gravity reverses paradoxical herniation in the sinking brain syndrome

Ashutosh Prabhakar Jadhav and Nagagopal Venna

Neurology 2011;77:e42

DOI 10.1212/WNL.0b013e3182299e25

This information is current as of August 15, 2011

Updated Information & Services	including high resolution figures, can be found at: http://n.neurology.org/content/77/7/e42.full
References	This article cites 2 articles, 1 of which you can access for free at: http://n.neurology.org/content/77/7/e42.full#ref-list-1
Subspecialty Collections	This article, along with others on similar topics, appears in the following collection(s): Abscess http://n.neurology.org/cgi/collection/abscess Coma http://n.neurology.org/cgi/collection/coma Critical care http://n.neurology.org/cgi/collection/critical_care CT http://n.neurology.org/cgi/collection/ct
Permissions & Licensing	Information about reproducing this article in parts (figures, tables) or in its entirety can be found online at: http://www.neurology.org/about/about_the_journal#permissions
Reprints	Information about ordering reprints can be found online: http://n.neurology.org/subscribers/advertise

Neurology® is the official journal of the American Academy of Neurology. Published continuously since 1951, it is now a weekly with 48 issues per year. Copyright © 2011 by AAN Enterprises, Inc.. All rights reserved. Print ISSN: 0028-3878. Online ISSN: 1526-632X.

