Spinal epidural hematoma in hemophilic children: controversies in management

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The authors report on a case of an atraumatic spinal epidural hematoma in an hemophilic boy presenting with pain and motor deficit. He was treated with FVIII replacement and then submitted to surgery to drain the epidural clot with a full recovery. The diagnosis and management of spinal epidural hematoma in hemophilic patients are discussed in the paper.

This is a rare condition, as the authors state, in which, however, a prompt diagnosis and treatment are necessary for a good outcome. Pediatricians should be aware of this possible presentation in hemophilic patients. The coagulation disorder should be promptly searched and corrected as described in the paper. In some instances, however, the diagnosis of hemophilia is not known yet at the time of bleeding. Coagulation studies should thus be routinely performed to rule out any deficiency even in the absence of a previous positive history. The correction of FVIII deficiency is always mandatory. Conversely, in some

locations, an open surgery can be avoided by transcutaneously draining the clot as it can be achieved in subdural hematomas [1]. In the spine, either a laminotomy or limited hemilaminectomy can be performed, but care must be taken not to impair spinal growth in children.

A treatment algorithm is also proposed by the authors. Larger series are necessary to confirm its value. However, a small modification would be helpful, in our opinion, to avoid an incorrect message. In case of coagulation status not adequately corrected, instead of “No Surgery,” a “Postpone Surgery” would be more appropriate.

Reference

1. Peyre M, Di Rocco F, Meyer P, Rothschild C, Sainte-Rose C, Zerah M (2008) Successful conservative treatment of traumatic subacute subdural haematomas in neonates with haemophilia A. *Childs Nerv Syst* 24(6):679–683

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