HANDBALLER HEADACHE

Ahmad Zulkarnain AZ, Mohd Idzwan Z

Department of Trauma and Emergency, University Malaya Medical Centre, Kuala Lumpur.

INTRODUCTION:

Sports related nervous system injuries are decidedly uncommon in handball players. The development of a chronic subdural haematoma complicating a blow to the head by a handball during a game has not been described.

CASE PRESENTATION:

A 22-year-old lady presented to the emergency department on 17th January 2013 with chronic headache for two months, throbbing headaches gradually developed on and off, on the left side which relieved by taking analgesia. She suddenly developed slurred speech, vomiting associated with right arm numbness past three days. No history of visual symptoms. She gave history of playing handball where after missing a pass with her hands; she was struck hard on the left side of the face with the ball three months ago. However, she but did not lose consciousness at that time. Previously, he had been in excellent health. She denied using alcohol or drugs before or during the game. Earlier patient presented to various clinics for her headache. A diagnosis of migraine headache was made. In spite of the medications and bed rest, the headaches continued.

On physical examination she's alert and orientated. Pupils were reactive bilaterally. Vitals signs were normal. Examination of the head revealed no obvious bruises, swelling and deformity over the head. No cranial nerve palsy noted. Neurological examination revealed right sided body weakness with power grade 3/5. Computed tomography (CT) scan brain disclosed the presence of left chronic subdural bleed over frontotemporoparietal region with significant midline shift.

She was admitted to the neuro-intensive care unit for Left Burr Hole and evacuation of clots. Postoperatively the patient was kept rest in bed for two days. A postoperative CT scan on January 19 showed that the haematomas were fully evacuated. Six weeks after her operation, she was free of headaches and displayed a completely normal neurological examination. She plans to return back for her favourite sport again.

DISCUSSION:

Chronic subdural hematomas (CSDH) in young people is extremely rare and has some provoking factors such as V-P shunts, arachnoid cyst, anticoagulant drug usage, vigorous sports and coagulopathies1. A static or dynamic mechanical load is almost always delivered to skull associated with either mild or severe head trauma. Incidence of handball injuries in amateur players is very limited. The injuries affected most frequently the lower extremity (42%), followed by injuries of the head (23%)2. The most frequent diagnosis was contusion of head (14%) or ankle sprain (8%). The majority of injuries were caused by contact with another player and significantly higher in men than in women. A study done on chronic subdural hematoma in young adults showed the mean interval from trauma to appearance of clinical symptoms was range from 19 to 95 days. The main symptoms were headache (59.5%) and seizures, and the most frequent predisposing factors were ventriculoperitoneal shunting patients and haematological disorders. CSDH was left-sided (45.3%) and bilateral (4.7%)3.

LESSON LEARNT:

Chronic headache in young adults following trauma need detail and thorough investigations. Prognosis is good in young patients, since postoperative complications and recurrences are less frequent at this age than in older population.

REFERENCES:

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