

## Post traumatic pericallosal bleed

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A 30-year-old male was admitted in a state of altered sensorium after road traffic (two-wheeler) accident. He had multiple episodes of vomiting. On examination his breathing was labored and GCS was 6/15 (E1V1M4). His pupils were normal in size and reacting to light normally, and he was hemodynamically stable. Non-contrast CT revealed bleed in the superior pericallosal region, adjacent to corpus callosum, measuring 3.8 x 1.5 cm (Figures 1, 2 and 3). He was managed conservatively on ventilator support, and showed gradual recovery to GCS 11/15 (E4V2M5). By six months, he had improved further to GCS 14/15 (E4V4M6) and there was no motor weakness.

Callosal and pericallosal bleed has been described in text in association with DAI in form of small petechial hemorrhages<sup>1,2</sup>. Radiological evidence of traumatic pericallosal bleed is rare, although similar bleed in pericallosal and interhemispheric area has been reported after the rupture of posttraumatic aneurysm of pericallosal artery<sup>3</sup>.

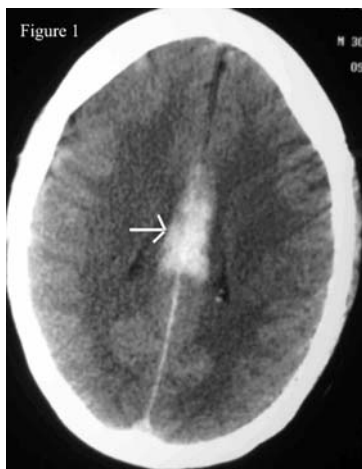


Fig 1: Non-contrast CT of head axial section showing pericallosal bleed.



Fig 2: Non-contrast CT of head coronal section showing pericallosal bleed.

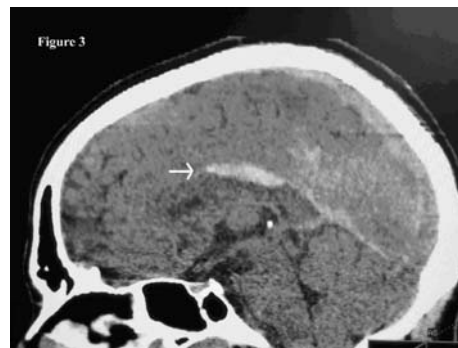


Fig 3: Non-contrast CT of head sagittal section showing callosal and pericallosal bleed.

### REFERENCES

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