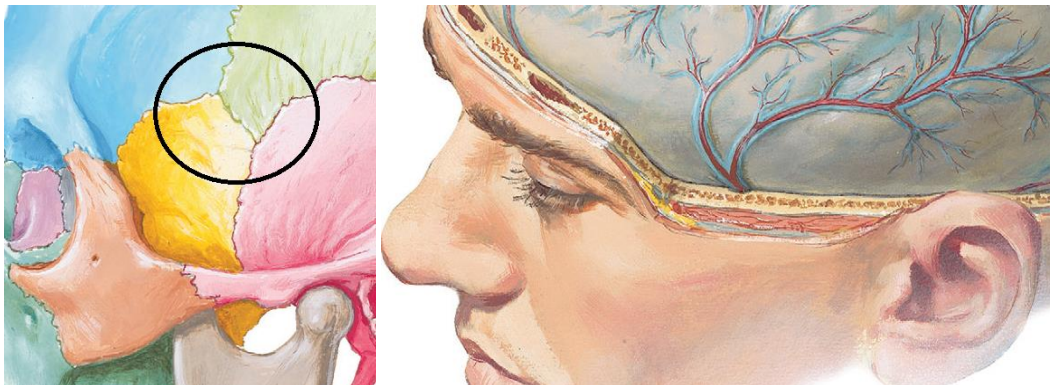


MODUL

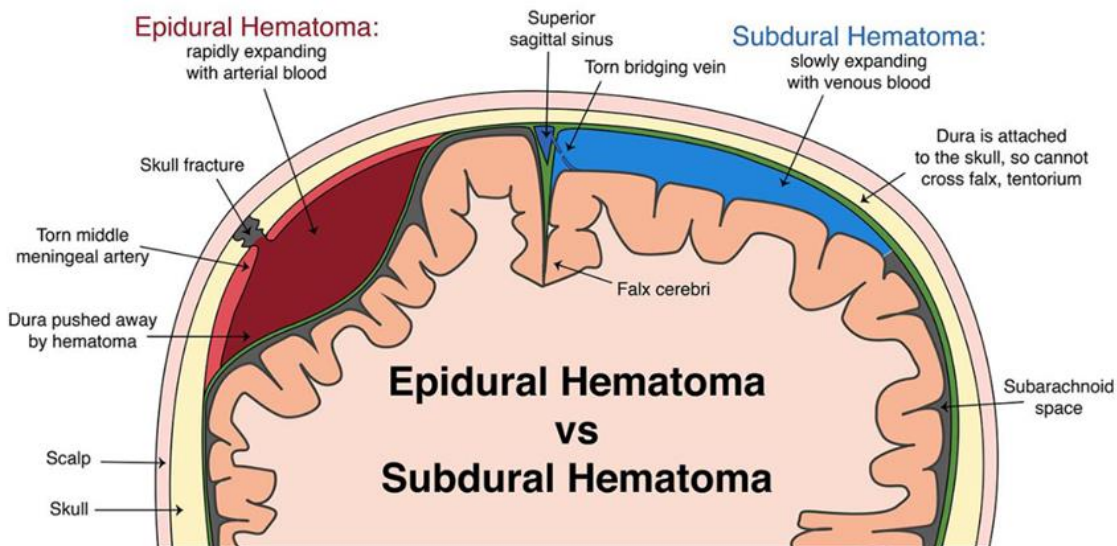
A 22 year old medical student was struck by a puck on the left “temple” during an interfaculty hockey game. He fell to the ice unconscious but regained consciousness in about 1 min. There was some bleeding from a laceration located about 3 cm superior to his left zygomatic arch. The gash extended from the top of his auricle almost to his eyebrow. As you helped him to the bench, he said that he felt rather weak and unsteady. Realizing that he may have sustained a skull fracture, you asked a classmate to call a physician while you took him to the dressing room. The deep tendon reflexes in his upper and lower limbs were equal. His pupils were equal in size and both contracted to light. As you waited, you observed that the injury site started to swell, but your friend otherwise seemed well. In about half an hour, he said that he was sleepy and wanted to lie down. His left pupil was now moderately dilated and reacted sluggishly to light. By the time the physician arrived, he was unconscious. The pupil on the left was widely dilated and did not respond to light, whereas the pupil on the right was slightly dilated but showed a normal reaction to light. The physician said, “We must get him to the hospital right away!” In hospital, several skull radiographs were made and a CT scan of his head was taken. As the physician was almost certain that there was an intracranial hemorrhage, she called a neurosurgeon. When the specialist arrived, the radiologist reviewed the radiographs and CT images with him.



Define the area known as the pterion or temple.

Which bones do meet at the pterion?

Why is the pterion clinically important?



Differentiate between an epidural (extradural) and a subdural hemorrhage.

Why is seen a dilated, nonreacting pupil on the side of the lesion in this case?

What is diagnosis?

What is necessary to relieve the intracranial pressure?