



Comment on: Nutritional and Inflammatory Peripheral Blood Markers for Risk Assessment of Chronic Subdural Hematoma: A Case - Control Study

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Dear Editor,

The article "Nutritional and inflammatory peripheral blood markers for risk assessment of chronic subdural hematoma: A case-control study" by Bingcheng et al. [1] was read with considerable enthusiasm. The article was a delight to read. We concur with utmost conviction that low levels of albumin and lymphocytes are associated with a high risk of chronic subdural hematoma. However, a few additional points would have enriched the article's conclusion and seemed worthy of mention.

First, the author has explicitly described the peripheral risk markers of subdural hematoma; however, they have not discussed the Neutrophils-to-Lymphocyte Ratio (NLR) and Platelet-to-Lymphocyte Ratio (PLR) in relation to trauma. Specifically, the CSDH group in the 2020 study had substantially more WBCs, neutrophils, and platelets, as well as a higher NLR and PLR, compared to the control group [2]. The authors should have also mentioned thrombomodulin in relation to recurrence, as high-density lipoprotein, pre-albumin, and blood urea nitrogen have been identified as being associated with mortality and re-formation of CSDH. For example, a 2012 study found that an increase in thrombomodulin level led to an increase in anticoagulant function, which increased hematoma size and caused the recurrence of CSDH [3]. In contrast to the subjective CT appearance, the TM level can be measured objectively; therefore, it may be a useful indicator for predicting the recurrence of CSDH [3].

Thirdly, the authors should have mentioned the various factors associated with hematoma recurrence. Multivariate analysis revealed that compared to a trabecular hematoma, a separated hematoma was the only factor associated with the recurrence of CSDH [4]. In addition, subdural air collection was associated with the recurrence of CSDH [4]. The authors could have also mentioned the association between pharmacological medications and hematoma. For example, a 2017 study of CSDH patients evaluated the role of dexamethasone and found a distinct trend of reduced recurrence following surgery in those given dexamethasone compared to those who received surgery alone [5]. And the hyperfibrinolytic state in CSDH, follows that an antifibrinolytic drug like tranexamic acid would aid in the resolution of hematoma accumulation [5].

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