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## Letter to the Editor

### Letter to the editor regarding: "Subdural hematoma and electroconvulsive therapy: A case report and review of the literature"



*Lettre au rédacteur en chef concernant: «Hématome sous-dural et thérapie électroconvulsive: Compte rendu et revue de la littérature»*

Dear Editor,

We read the article recently published in your esteemed journal [1], where the authors present an unusual hemorrhagic complication in a patient undergoing electroconvulsive therapy (ECT). ECT has been used for many years in neuropsychiatric disorders. It is short and effective; although controversial in the USA, approximately 100,000 procedures are performed every year [2]. The main indications are major depressive disorder (both primary and recurrent), type I bipolar disorder, depressive episode, mixed episode, and manic episode with or without psychotic symptoms. This therapy is not free of complications, which have been described extensively in the literature [3,4].

Given the difficulty in some cases of establishing causality regarding subdural hematoma and previous trauma, we propose that brain CT be performed in selected cases before and after the procedure. The application of ECT in patients with cerebral atrophy raises the question of subsequent development of subdural hematoma.

History of mild cranial trauma and possible subdural hematoma must be taken into account in the pre-anesthesia assessment. Psychomotor agitation, usually observed in elderly patients and neurological pathologies, requires close neurological surveillance. Onset of seizure suggests minimal cranial trauma that may be the genesis of chronic subdural hematoma.

Electroconvulsive therapy can induce neurologic complications. Thorough clinical history-taking, strict post-procedural neurological monitoring and availability of neuroimaging and neurosurgeons should be mandatory.

### Disclosure of interest

The authors have not supplied their declaration of competing interest.

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