

wasp or insect stings in the past (which would have hypothetically favored a hypersensitivity reaction). In this case, the proximity of the sting (on the eyelid) to the CNS may have been a factor in causing the elevated CSF pressures as a result of intracranial inflammation due to the potentially neurotoxic wasp venom. No other cause for the elevated CSF pressures could be found (our patient was not on any oral contraceptive pills) and resolution of the intracranial hypertension occurred spontaneously and within the expected time frame, suggesting a temporal correlation between the cause (wasp sting) and the event (raised intracranial pressure). Insect stings are generally regarded as benign, but it is worth remembering that in some cases, as in this one, venom intoxication may be responsible for some unusual clinical manifestations.

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'Head banging' during rock show causing subdural hematoma

Sir,

The term 'head banging' refers to a type of dance that involves violent and rhythmic movement of the head synchronous with music, most commonly heavy metal music. This practice is widespread during rock concerts and is generally considered safe.

A healthy 29-year-old radiology resident developed headache and uneasiness during head banging in a rock show. He gave no history of head injury, alcohol intake or drug abuse. There was no loss of consciousness, vomiting or convulsion. The symptoms persisted and he sought neurological consultation 3 days later. The headache was constant, dull aching, localized on left side and was not relieved by rest. On clinical examination, he was well oriented with no focal neurological deficit. Un-enhanced CT of the head, performed the same day, revealed a small left-sided

SDH. MRI including Gadolinium-enhanced MR angiogram of the brain was performed to rule out any underlying cause for hemorrhage. MRI revealed a thin laminar SDH over the left cerebral convexity without any mass effect [Figure 1]. No underlying brain lesion or vascular malformation was seen on MRI. The routine blood investigations and coagulation profile were unremarkable. The symptoms gradually regressed over a period of 1 week with conservative management. Follow-up MRI done after 3 months showed complete resolution of the hematoma.

While the vast majority of SDH occur secondary to direct trauma to head, they can also occur spontaneously in elderly individuals, patients with underlying coagulopathy or those receiving anticoagulant drugs. In children, SDH can occur after violent nonaccidental shaking of head. Rare cases of subdural hematomas resulting from ruptured aneurysms or dural arteriovenous malformations have also been described. There have been very few case reports of nontraumatic SDH in young healthy individuals without any predisposing factor. Subdural hematoma as a result of giant roller coaster rides was recently reported. The authors attributed this complication to acceleration forces, which resulted in tearing of bridging veins.^[1,2] The back-and-forth motion during head banging is a shearing strain, which was possibly responsible for SDH in our case. There is only one prior instance in the literature, where SDH occurred because of dancing in a young male break-dancer.^[3] However, this patient probably had an underlying arachnoid cyst, which is a recognized predisposing factor for subdural hematoma.^[4] There was no such predisposing factor in our case. This case assumes significance in view of the immense popularity of heavy metal music, especially in young population. Head banging is generally considered harmless and there is only a single case report, where head banging resulted in a vertebral artery aneurysm in a young drummer.^[5] Although we report the first case of SDH following head banging, the incidence may be higher than what literature suggests. It is possible that many such cases escape notice as the symptoms related to small subdural hematoma may be clinically silent or cause only mild headache that resolves spontaneously. Since the affected population is often in an inebriated state and may not be cognizant of their symptoms or may not give appropriate history, it is all the more important that the clinician should be aware of the possibility

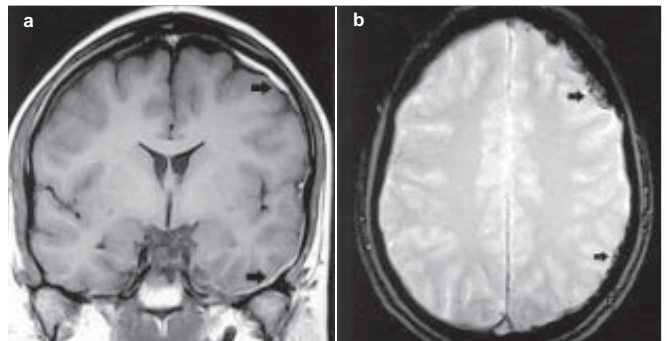


Figure 1: a. Coronal T1-weighted image shows extension of hematoma in middle cranial fossa as well, b. Axial T2-weighted Gradient echo image reveals blooming due to blood products.

of SDH in this clinical setting.

A potentially dangerous complication like subdural hematoma is possible even in a healthy young person because of a seemingly benign activity like head banging.

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