

Background: Patients with isolated traumatic subarachnoid hemorrhage (iTSAH) are managed according to the modified Brain Injury Guidelines (mBIG) class. The current study aimed to describe patients with iTSAH and analyze their clinical outcomes.

Methods: A retrospective analysis was performed on trauma patients with iTSAH. Exclusion criteria were Glasgow Coma Scale (GCS) < 13 and pre-injury antiplatelet/anticoagulant use.

Results: 276 patients were identified over the 8-year study period. The median number of head CT scans was 2. Neurosurgery consultation was obtained in 80.4 % of patients. A total of 19 (8.6 %) patients had radiographic progression. Six (2.2 %) patients had neurologic deterioration. No patients required operative intervention or readmission. No deaths were related to iTSAH.

Conclusions: There were no patients with iTSAH that required neurosurgical consultation despite a subset of patients having radiographic or neurologic progression. These patients may not require repeat head CT scan or neurosurgical consult, necessitating a change of SAH definitions in the mBIG.