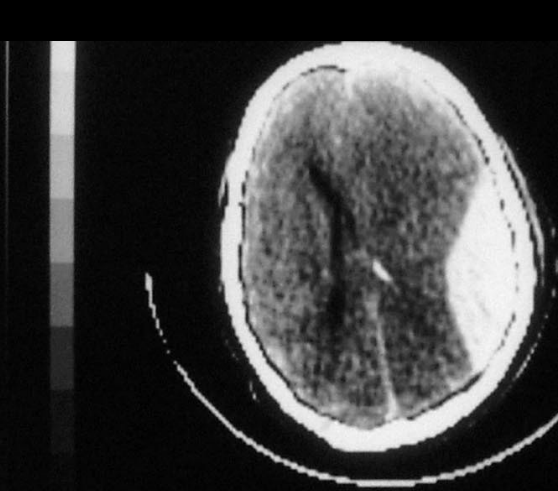
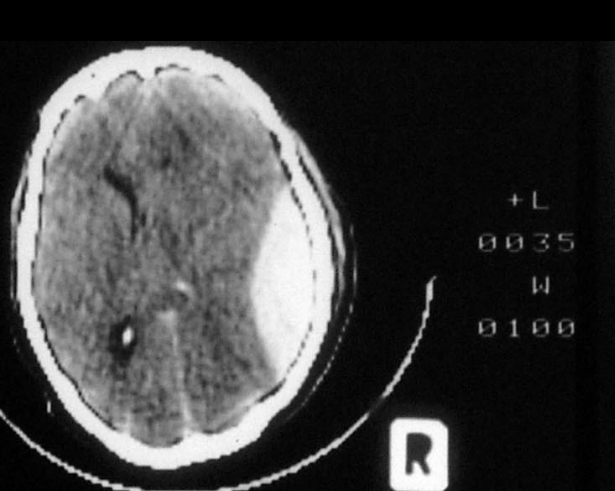
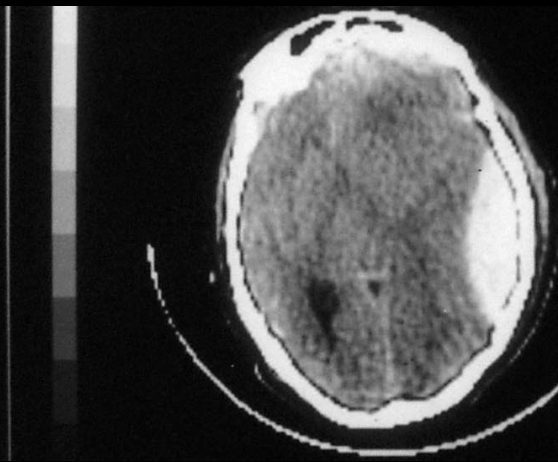
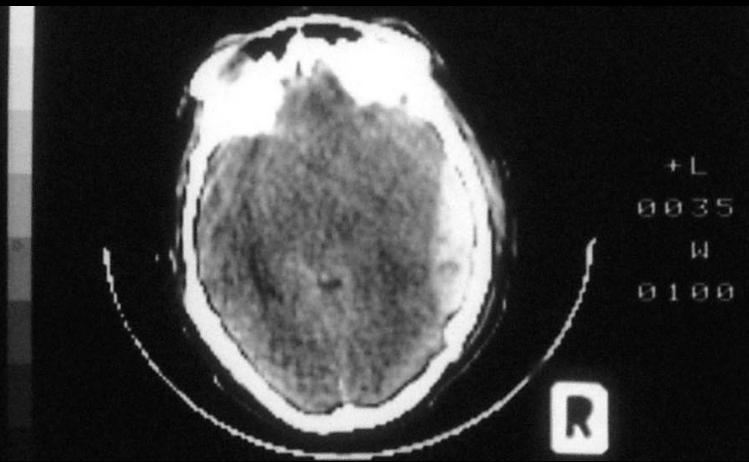
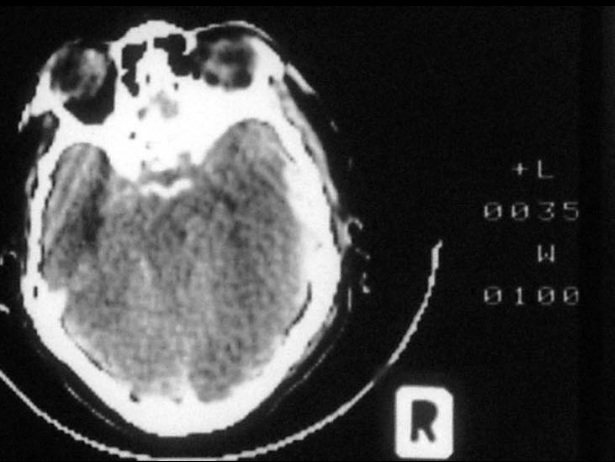


# Glasgow Coma Scale (GCS)

Eye opening		Best motor response		Verbal response		Total
Spontaneous	4	Obeys	6	Oriented	5	
To loud voice	3	Localizes	5	Confused, disoriented	4	
To pain	2	Withdraws	4	Inappropriate words	3	
None	1	Abnormal flexion posturing	3	Incomprehensible sounds	2	
		Extension posturing	2	None	1	
		None	1			



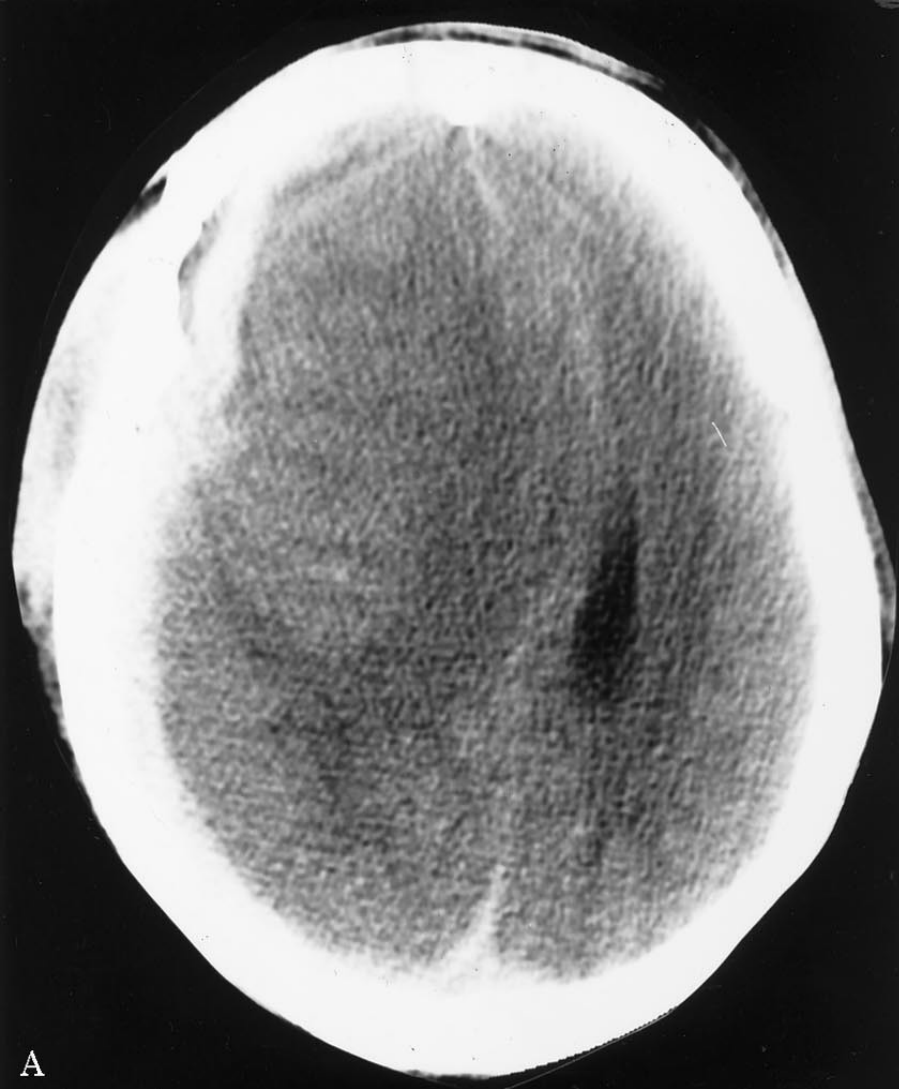
Left

Right

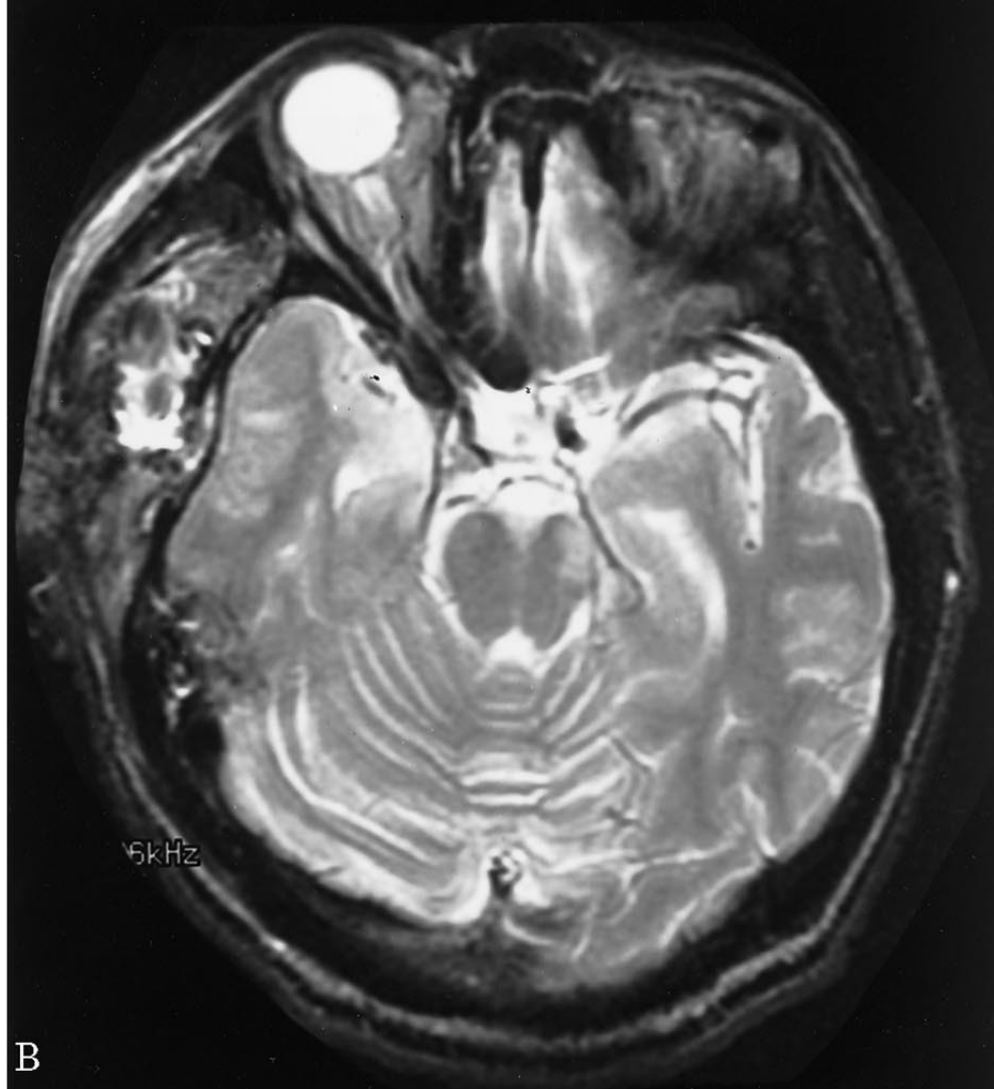
Horizontal CT Scan without Contrast

# Two Similar Examples of Patients with a “Kernohan Notch” Phenomenon: Both due to Acute Subdural Hematomas

- Kole MK, Hysell SE. MRI correlate of Kernohan’s notch. *Neurology* 2000;55:1751.
- Codd PJ, Agarwalla PK, Berry-Candelario J, Nahed BV. Kernohan-Woltman notch phenomenon in acute subdural hematoma. *JAMA Neurology* 2013; 70:1194-1195.

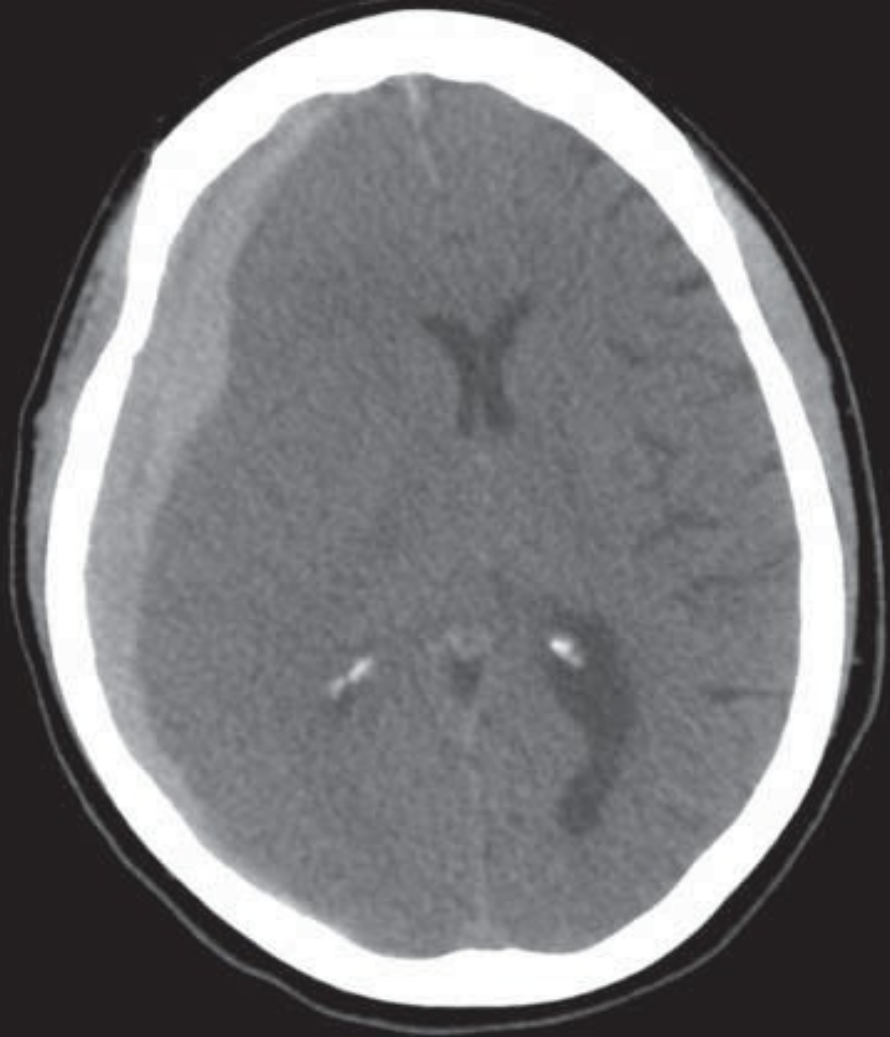


Right

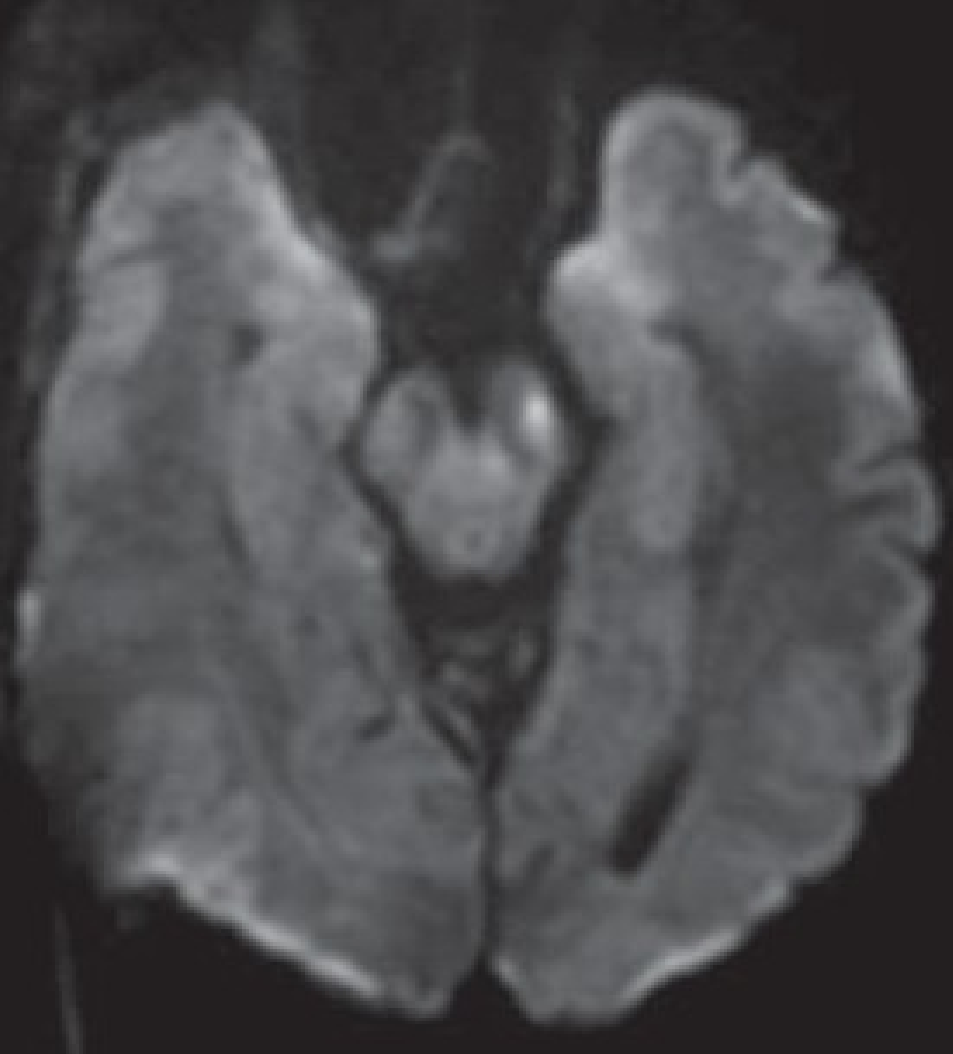


Left

Horizontal CT Scan [left] & T2W MRI Scan [right]

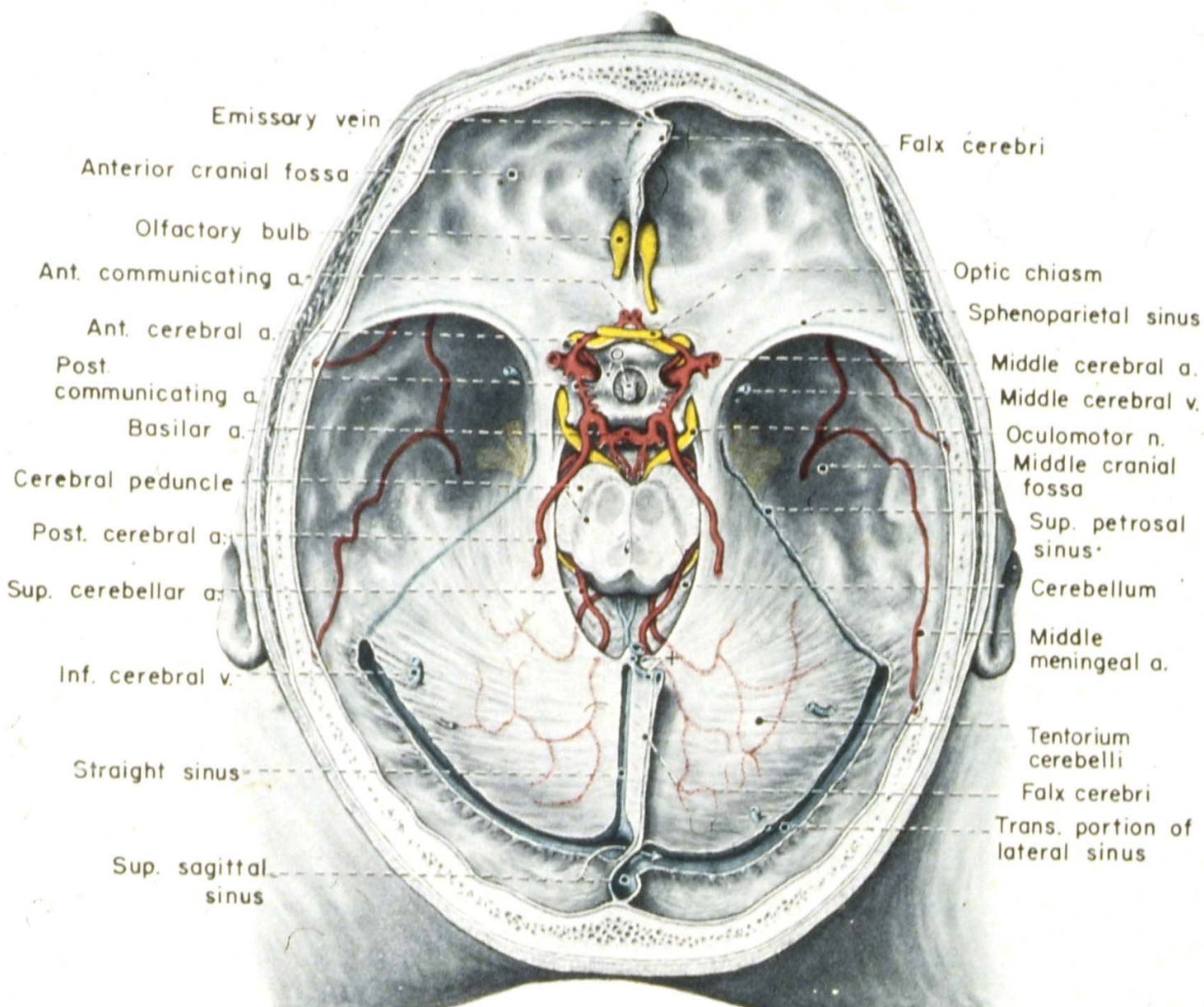


Right



Left

Horizontal CT Scan [left] & DWI MRI Scan [right]

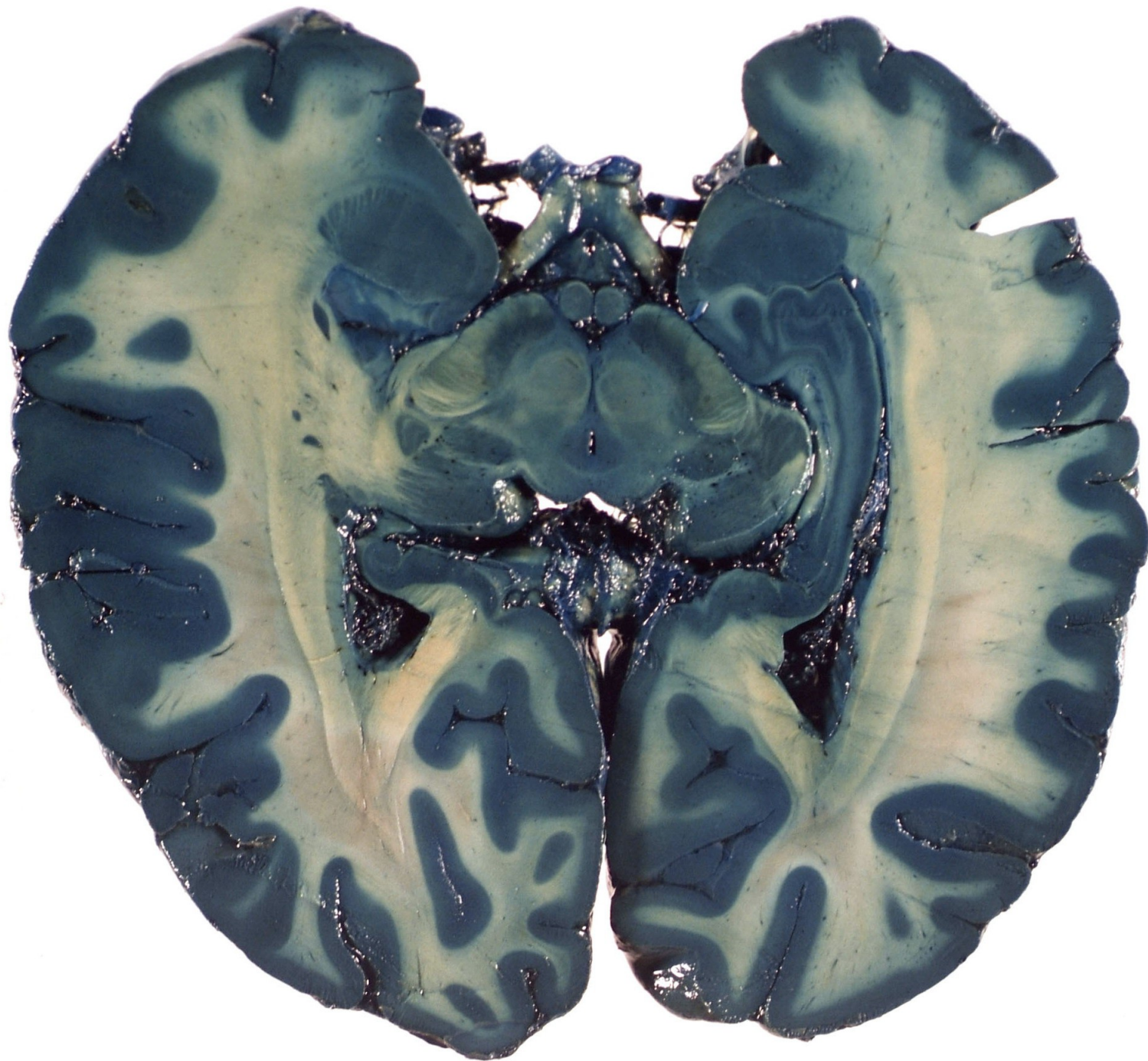


○ = Diaphragma sellae and infundibulum of hypophysis.  
 + = Great cerebral vein (of Galen) and inferior sagittal sinus.

FIG. 4-4. Cranial cavity after brain was removed to demonstrate relationships of the cerebral arterial circle, adjacent neural structures, and reflections of the dura mater. (Truex and Kellner, *Detailed Atlas of the Head and Neck*, 1948; courtesy of Oxford University Press.)

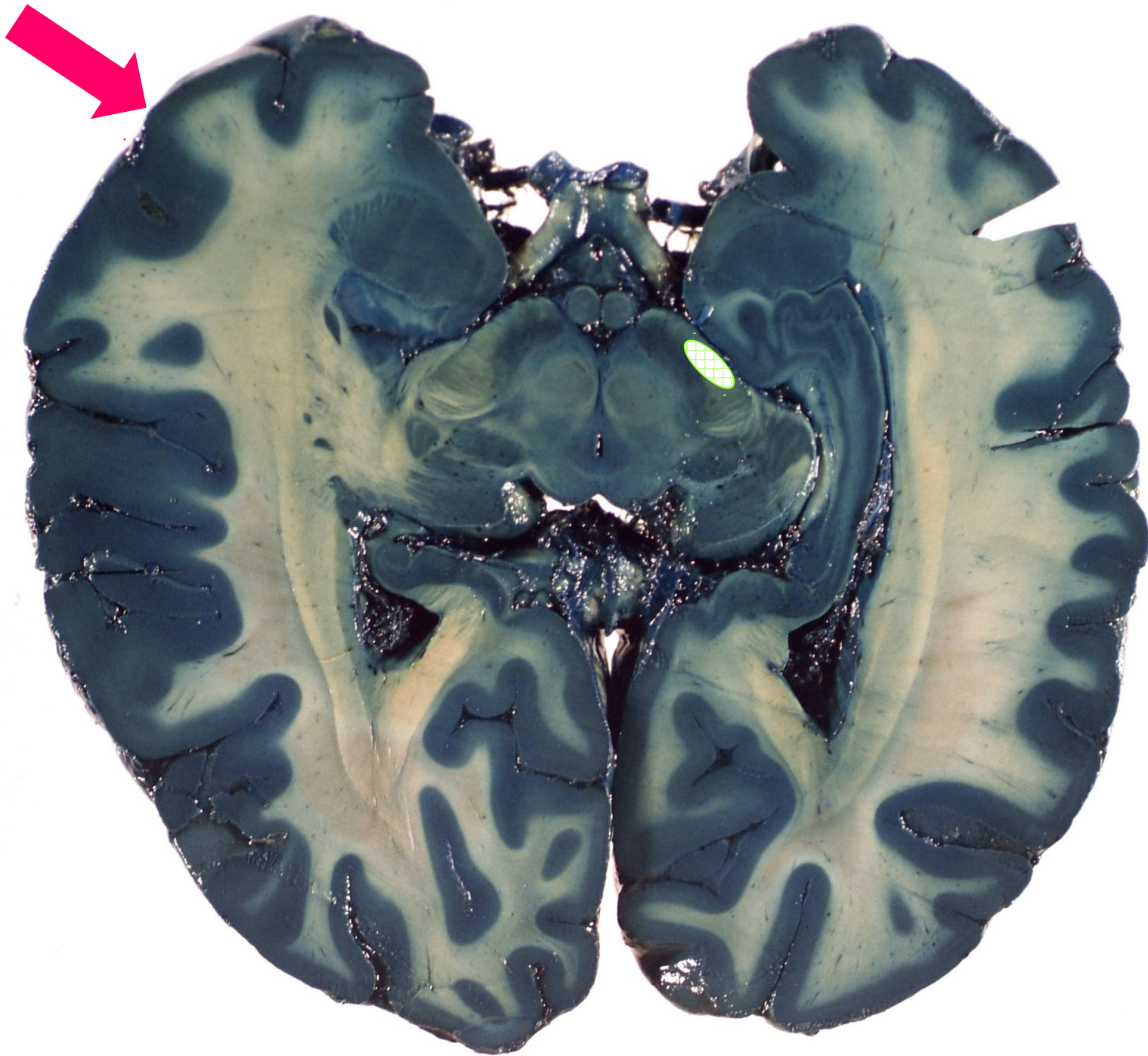
Left

Right



Right

Left



Right

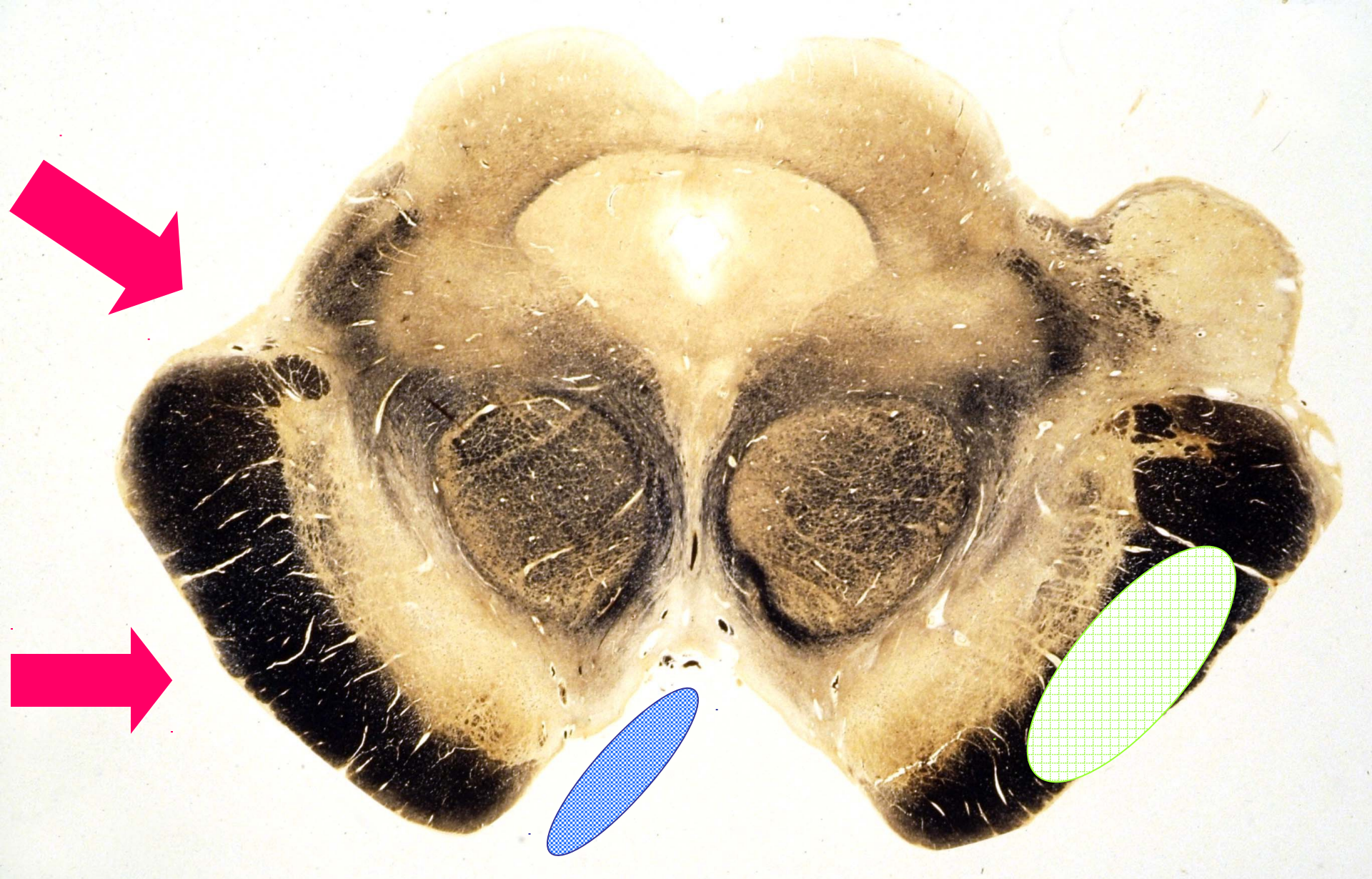
Left





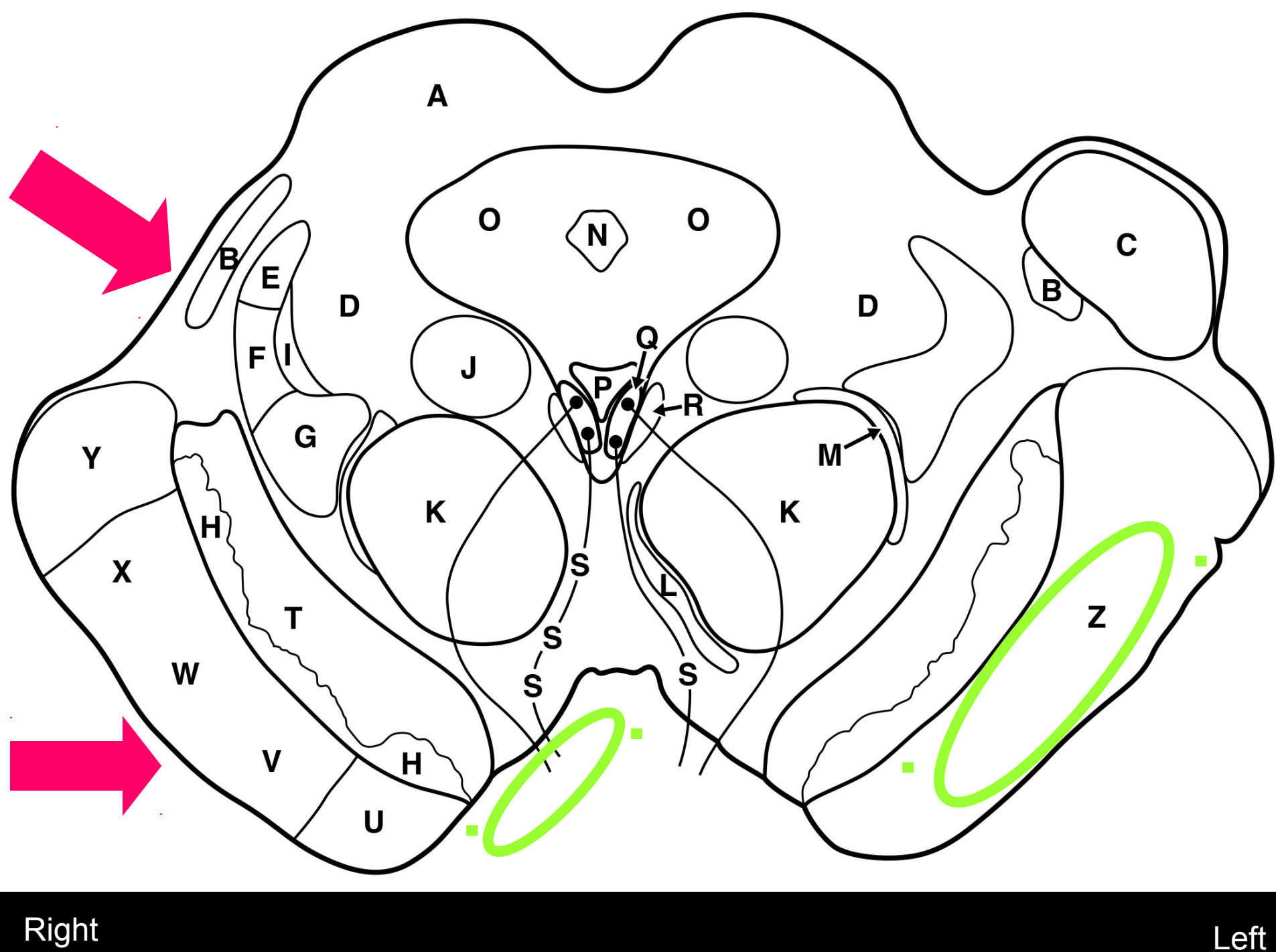
Right

Left



Right

Left



Right

Left