Supplementary Information

Title: Remote Cerebellar Hemorrhage Following Surgery for Ossification of the Ligamentum Flavum at the Upper Thoracic Spine: A Case Report and Literature Review

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12 Table S1. Detailed Postoperative Clinical Course

Timepoint	Clinical Findings	Interventions	Outcome / Rehabilitation Course
2 h	Drainage 160 mL; no signs of CSF leakage.	Drain pressure reduced by half.	Patient stable.
6 h	Repositioned due to headache. Sudden increase in CSF-like drainage (180 → 250 mL). SBP increased (130 → 180 mmHg). Generalized tonic seizure.	Drain pressure further reduced by half. Emergent brain CT.	Right CBH + subarachnoid hemorrhage; GCS 8 (E2V2M4).
12 h	No recurrent seizures. No neurological deterioration. Complete wound dehiscence.	Drain converted to natural pressure. Emergent fascia and skin closure.	Transferred to the neurological department at a local hospital.
POD 1	No neurological deterioration.	CT/MRI evaluation.	Enlargement of the right CBH.
POD 3	No neurological deterioration.	Drain removed; CT evaluation.	Bilateral CBH identified.
POD 5	Persistent CSF leakage; subcutaneous fluid collection.	Cerebral angiography and MRI.	Angiography negative; transfer arranged for dural repair.
POD 7	Persistent wound CSF leakage; no neurological deterioration.	Reoperation for dural repair and wound closure under local anesthesia/IV sedation.	—
POD 8	Headache and neck pain.	Rehabilitation initiated.	Bedside rehabilitation.
POD 10	Orthostatic headache; SBP 130–150 mmHg.	Follow-up CT.	Partial resolution of CBH; continued bedside rehabilitation.
POD 11–16	Headache relieved; no new symptoms.	Blood pressure control, hydration, nutritional support.	Finger-Nose-Finger test positive; diminished vibration sense.
POD 17–21	Headache resolved; BP stable; no seizure activity.	Transitioned to oral medications.	Began out-of-bed rehabilitation; able to ride a wheelchair.
POD 22–27	Right knee instability, but improving confidence in gait training.	Continued rehabilitation.	Walked 50 m with a walker, later 100 m without knee support.
POD 28–34	No new symptoms or neurological deterioration.	MRI follow-up.	Complete resolution of hemorrhages; no CSF leakage. Finger-Nose-Finger test negative. Ambulatory with a walker.

POD 35–38	No specific complaints.	Decision made not to restart aspirin.	Stable ambulation with two forearm crutches.
POD 39–49	No specific complaints.	Continued rehabilitation.	Stable use of a cane.
POD 50–56	No evidence of ataxia.	Discharged.	Full functional recovery.

CSF: Cerebrospinal Fluid; CT: Computed Tomography; MRI: Magnetic Resonance Imaging POD: Postoperative Day; CBH: Cerebellar Hemorrhage; SBP: Systolic Blood Pressure; IV sedation: Intravenous Sedation