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C0563 - SPONTANEOUS CEREBRAL HEMORRHAGE: FEATURES AND MANAGEMENT

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Resumen

Objectives: This prospective study aims to analyse the clinical and radiological pathway and the relative management of Spontaneous Cerebral Hemorrhage in a single Insitute.

Methods: From March 2017 to January 2018, 96 patients were admitted to our hospital for treatment of spontaneous cerebral hemorrhage; male/female ratio: 39/57, mean age: 62.3 years (35-92). 57 (59%) were on blood thinner therapy. 68 (71%) were typical hemorrhage (basal ganglia, thalamus, cerebellum, internal capsule). In 34% of the patients (33) presented with Intraventricular hemorrhage (graduated on IVH international score). Hydrocephalus at the moment of the admission was founded in 15 pat ients (16%); 8 patients develop Hydrocephalus during the hospitalization. 18 patients (19%) underwent surgical procedure (surgical evacuation, EVD placement, decompressive procedure). The patients were evaluated with GCS (Glasgow Coma Scale) at admission and at discharge. The mRS (modified Rankin Scale of neurlogic Disability) was used to evaluate the neurologic status of the patient at discharge and at 6 months.

Results: Mean survival was 52 months; 17 patients died during our study. Intraventricular hemorrhage were observed in 25% (17 patients) of typical hemorrhage and in 8% of atypical (2 patients); hydrocephalus was observed in 20% of typical hemorrhage, no case of hydrocephalus was reported related to atypical hemorrhage. The patients who underwent surgical procedure show similar outcome in comparison with the hemorrhage treated conservative, in according with GCS and mRS. Spontaneous atypical hemorrhage show a better outcome in comparison with typical hemorrhage in according with GCS and mRS.

Conclusiones: The goal of this study is to better understand the behaviour of cerebral spontaneous hemorrhages and to define their correct management. These are preliminary results, which will need more data and further assessments in the future.