

# SPontaneous Nontraumatic Intracerebral Hemetoma: Review from Tertiary Care Hospital in a Rural Setup

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### INTRODUCTION

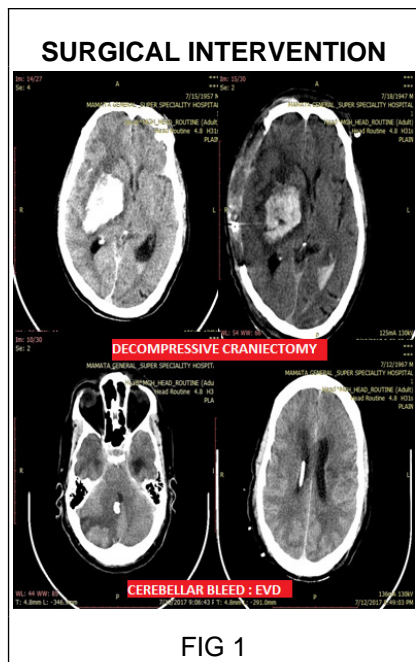
Spontaneous non-traumatic intracerebral hemorrhage is a stroke subtype accounts for about 10% of all strokes(1) .The hematoma locations are deep or ganglionic, lobar, cerebellar and brain stem in descending order of frequency. ICH occurs twice as common as SAH and is equally as deadly. Risk factors for ICH include hypertension, angiopathy, advanced age, antithrombotic therapy and history of cerebrovascular disease. Surgical evacuation of ICH is of unproven benefit though a subset of well selected patients may have improved outcomes (2).

### METHODS

70 cases of spontaneous intracerebral hematoma were studied. In our institute we perform decompressive craniotomy, evacuation of hematoma, external ventricular drainage (EVD) for cases of ICH. Patients were stratified according to ICH scale(3),based on Volume, GCS,Intra ventricular extension, age and infratentorial origin. Treatment outcomes were evaluated and analyzed on the basis of patients initial assessment of neurological status, patients outcome and mortality.

### OBSERVATION AND RESULTS

- Based on ICH scores, midline shift and intraoperative brain conditions patients outcome were compared.
- 60% of patients were above the age of 70 years.
- 29% of the patients were conservatively managed, remaining 71% surgically treated.
- 60% were Decompressive surgery, 16% EVD, 24% Decompression & evacuation.
- Mortality rates were comparable with the standard rates as per ICH scoring sytem.



### AHA/ASA Surgical Treatment of ICH: Recommendations

- 1. Ventricular drainage as treatment for hydrocephalus is reasonable, especially in patients with decreased level of consciousness.**
- 2. A policy of early hematoma evacuation is not clearly beneficial compared with hematoma evacuation when patients deteriorate.**
- 3. Supratentorial hematoma evacuation in deteriorating patients might be considered as a life-saving measure DC with or without hematoma evacuation might reduce mortality for patients with supratentorial ICH who are in a coma, have large hematomas with significant midline shift, or have elevated ICP refractory to medical management**

### SURGICAL INTERVENTION

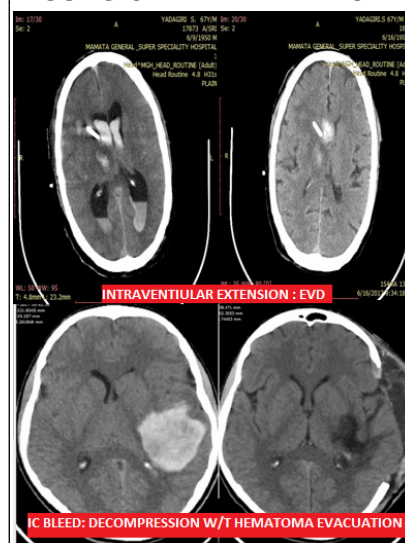


FIG 2

### SCAR



FIG 3

### CONCLUSIONS

- 1. ICH warrants for early aggressive care.** Decompressive Craniectomy without haematoma evacuation should be considered as the **first line of surgery.**
- The decision to perform evacuation should be individualized to the patients ICH score, considering factors such as the **Hematoma Size, Degree of Midline Shift and Intraoperative Brain Swelling.**
- On Multivariate analysis, **Cerebral Herniation and ICH score** were found as confounders to outcome.

### LEARNING OBJECTIVES

- 1. To evaluate the independent Effect of the surgical intervention method on outcomes.**
- 2. To Enable residents to counsel the attendents of patients about the prognosis of patient , need for surgery at initial assesment**
- Decision making for patients with spontaneous ICH poses several challenges. Outcome in these cases is poor & prognostication is often uncertain. Studies demonstrate variability in the type and intensity of treatment offered, which is attributed to clinical uncertainty and habits of training.

### REFERENCES

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