

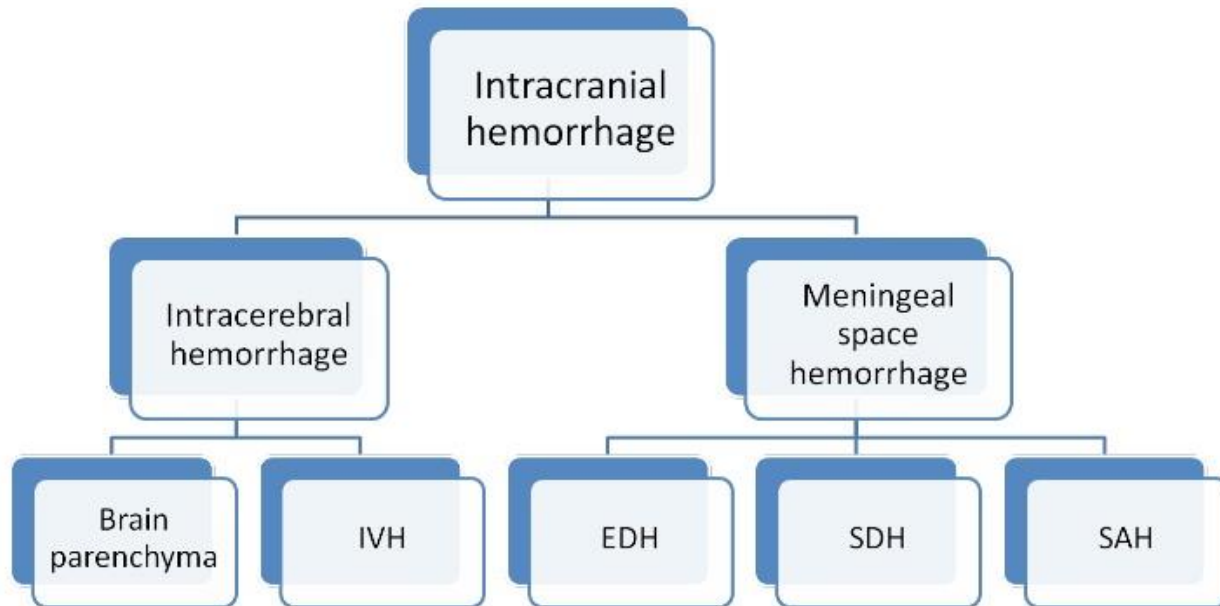
Intracerebral Hemorrhage

Yousef Mohammad MD., MSc., FAHA
Associate Professor of Neurology
King Saud University



- Introduction
- Etiology
- Pathophysiology
- Clinical presentation
- Diagnosis and Imaging
- Treatment

Introduction



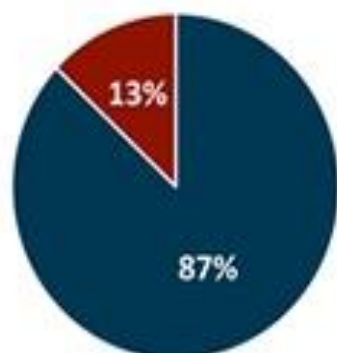
Types of Stroke

US Distribution

US total stroke annually 800,000

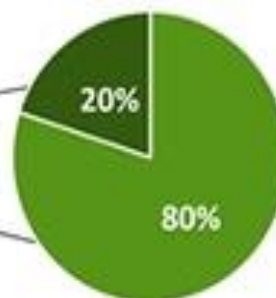
- US ischemic stroke approximately 87% of these are ischemic, 13% are hemorrhagic
 - Of those 87% that are ischemic, about 80% of those are non-cardioembolic

Total Annual Stroke



■ Ischemic ■ Hemorrhagic

Ischemic Stroke



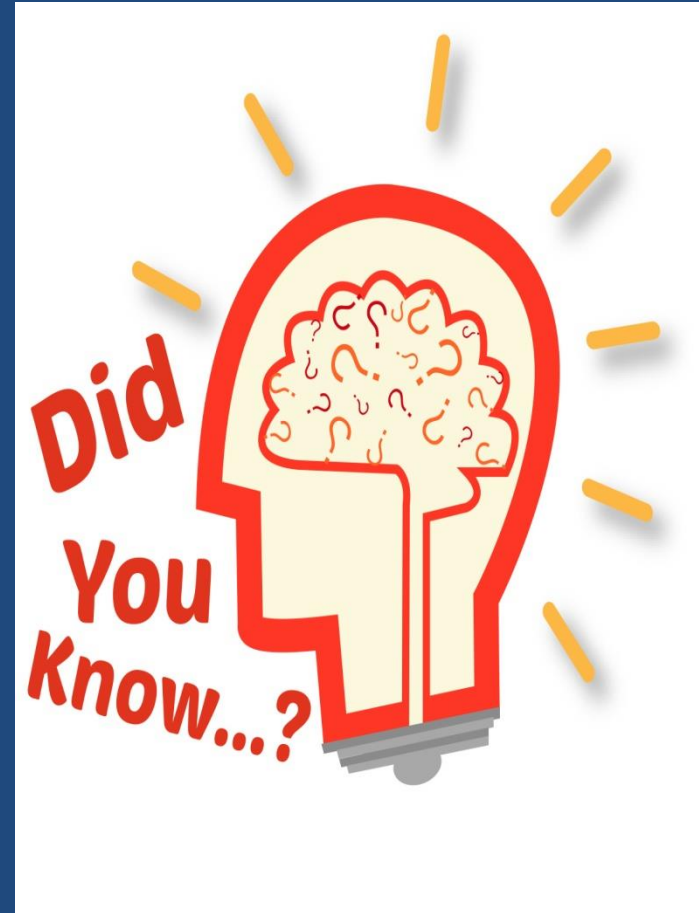
■ Non-Cardioembolic ■ Cardioembolic

Epidemiology

- Asian countries have a higher incidence of intracerebral hemorrhage than other regions of the world.
- A higher incidence of intracerebral hemorrhage has been noted in Chinese, Japanese, and other Asian populations, possibly due to environmental factors (eg, a diet rich in fish oils) and/or genetic factors.

Mortality and Disability

- Overall, 40% mortality at 1 month and 54% at one year
- Only 12-40% are functionally independent long term
- 2010 – 62.8 million lost DALYs with ICH compared to 39.4 million in ischemic stroke

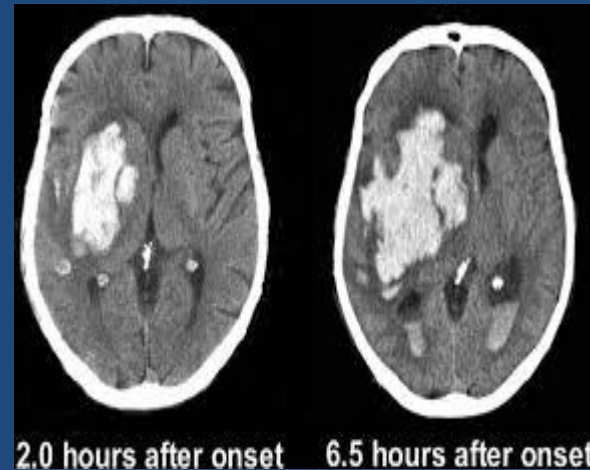


Epidemiology

- Annually, more than 20,000 individuals in the United States die of intracerebral hemorrhage.
- Intracerebral hemorrhage has a 30-day mortality rate of 44%.
- Pontine or other brainstem intracerebral hemorrhage has a mortality rate of 75% at 24 hours.
- Incidence of intracerebral hemorrhage increases in individuals older than 55 years and doubles with each decade until age 80

Risk Factors

- HTN
- Excessive ETOH use
- Smoking
- Age
- Ethnicity/Race
- Medications
- Sympathomimetics



Etiology

- Hypertensive ICH
 - Essential
 - Eclampsia
- Non-hypertensive ICH
 - Vascular malformation: AVM, Aneurysm, Cavernous hemangioma
 - Bleeding disorders/anticoagulant
 - Amyloid angiopathy
 - Trauma
 - Tumor
 - Drug abuse: amphetamine, cocaine, PPA

Pathophysiology

- Primary immediate effect
 - Hemorrhage growth
 - Increase ICP
- Secondary effect
 - Downstream effect
 - Edema
 - Ischemia

- basal ganglia (40-50%),
- lobar regions (20-50%),
- thalamus (10-15%),
- pons (5-12%),
- cerebellum (5-10%),
- other brainstem sites (1-5%).

Clinical presentation

- Alteration in level of consciousness (approximately 50%)
- Nausea and vomiting (approximately 40-50%)
- Headache (approximately 40%)
- Seizures^[3] (approximately 6-7%)
- Focal neurological deficits

Focal neurological deficits

- Putamen - Contralateral hemiparesis, contralateral sensory loss, contralateral conjugate gaze paresis, homonymous hemianopia, aphasia, neglect, or apraxia
- Thalamus - Contralateral sensory loss, contralateral hemiparesis, gaze paresis, homonymous hemianopia, miosis, aphasia, or confusion

Focal neurological deficits

- Lobar - Contralateral hemiparesis or sensory loss, contralateral conjugate gaze paresis, homonymous hemianopia, abulia, aphasia, neglect, or apraxia
- Caudate nucleus - Contralateral hemiparesis, contralateral conjugate gaze paresis, or confusion

Investigation

- Laboratory studies
 - CBC
 - Coagulogram
 - Electrolyte
 - others
- Imaging
 - CT brain w/o contrast

CT-brain

- demonstrates acute hemorrhage as hyperdense signal intensity
- Multifocal hemorrhages at the frontal, temporal, or occipital poles suggest a traumatic etiology.
- Hematoma volume can be approximated by $(A \times B \times C)/2$
- Iodinated contrast may be injected to increase screening yield for underlying tumor or vascular malformation.

The Workup...

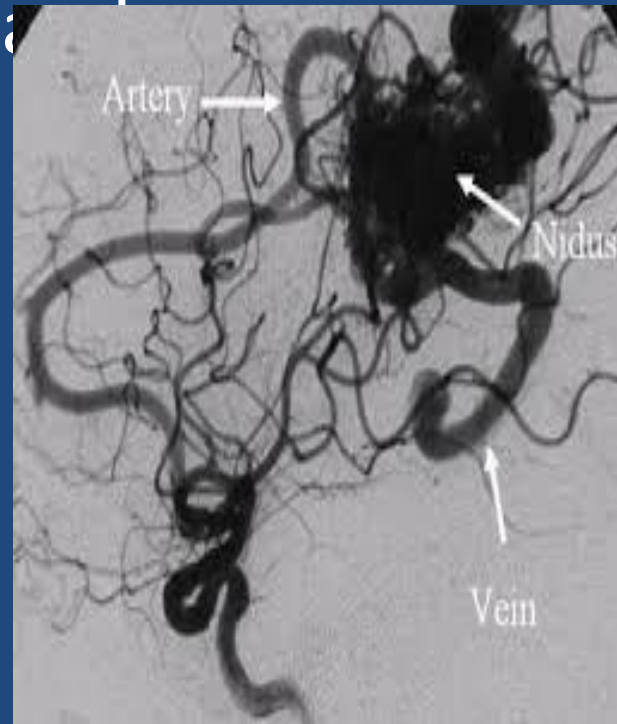


- CT head – no contrast
- CTA head/neck – suspect vascular etiology
 - Careful interpreting noncon CT head after CTA
- MRI brain – with gado if looking for neoplasm
- MRA/MRV - if allergic to CT dye or if looking at venous outflow
- Cerebral angiography



Other Causes

- AVM, aneurysms, and other vascular malformations (venous and arteriovenous angiomas)
- CVT
- Intracranial neoplasm
- Amyloid angiopathy
- Moya Moya



Vessel imaging

- CT angiography permits screening of large and medium-sized vessels for AVMs, vasculitis, and other arteriopathies.

The Workup...



- CT head – no contrast
- CTA head/neck – suspect vascular etiology
 - Careful interpreting noncon CT head after CTA
- MRI brain – with gado if looking for neoplasm
- MRA/MRV - if allergic to CT dye or if looking at venous outflow
- Cerebral angiography



DO
SOMETHING!

What to do?????



- Control BP!!!!
 - Guidelines – reduction of SBP to 140
 - Anderson/Qureshi studies – Interact 2 and ATACH 2
 - Not clear if SBP > 220
 - Use labetalol and/or nicardipine drip to titrate blood pressure
- Between 15-23% of patients > hematoma expansion in first few hours
- A word about penumbra

What do we do??

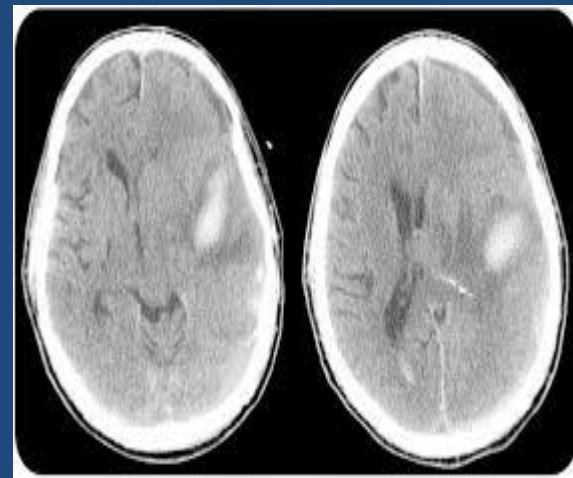
- EBP nursing care
 - Watch for neuro decline
 - Type and cross with your labs!
 - HOB > 30
 - Head midline
 - Prevent vagal maneuvers
 - Control SBP
 - Treat hyperglycemia
 - Treat hyperthermia
 - Seizure prophylaxis
 - DVT prophylaxis



- Typically, do not make patients DNR within the first 48 hours

Cerebral Edema: Sodium and CO2

- Use the ventilator to manage CO2



- Get the sodium up

- Mannitol/3% or even 23.4% (requires central line) for herniation

Surgery anyone????

- EVD
 - CLEAR III trial – no outcome benefit with vEVD + tPA
- Craniotomy
 - Depends on etiology
 - **Depends on AC/APT status
 - Depends on timing
 - Depends on location
 - STICH II – no overall favorable outcome
 - MISTIE II – MIS techniques
 - MISTIE III – underway
 - Cerebellar ICH



Subarachnoid Hemorrhage



- Usually due to aneurysm rupture
- Can be perimesencephalic SAH
- Coil/Clip
- NIMOTOP/NIMODIPINE
- Strict BP control
- Hydrocephalus
- Vasospasm
- Sodium
- Urine output

Hemorrhagic Transformation

HI 1/2 – PH 1/2

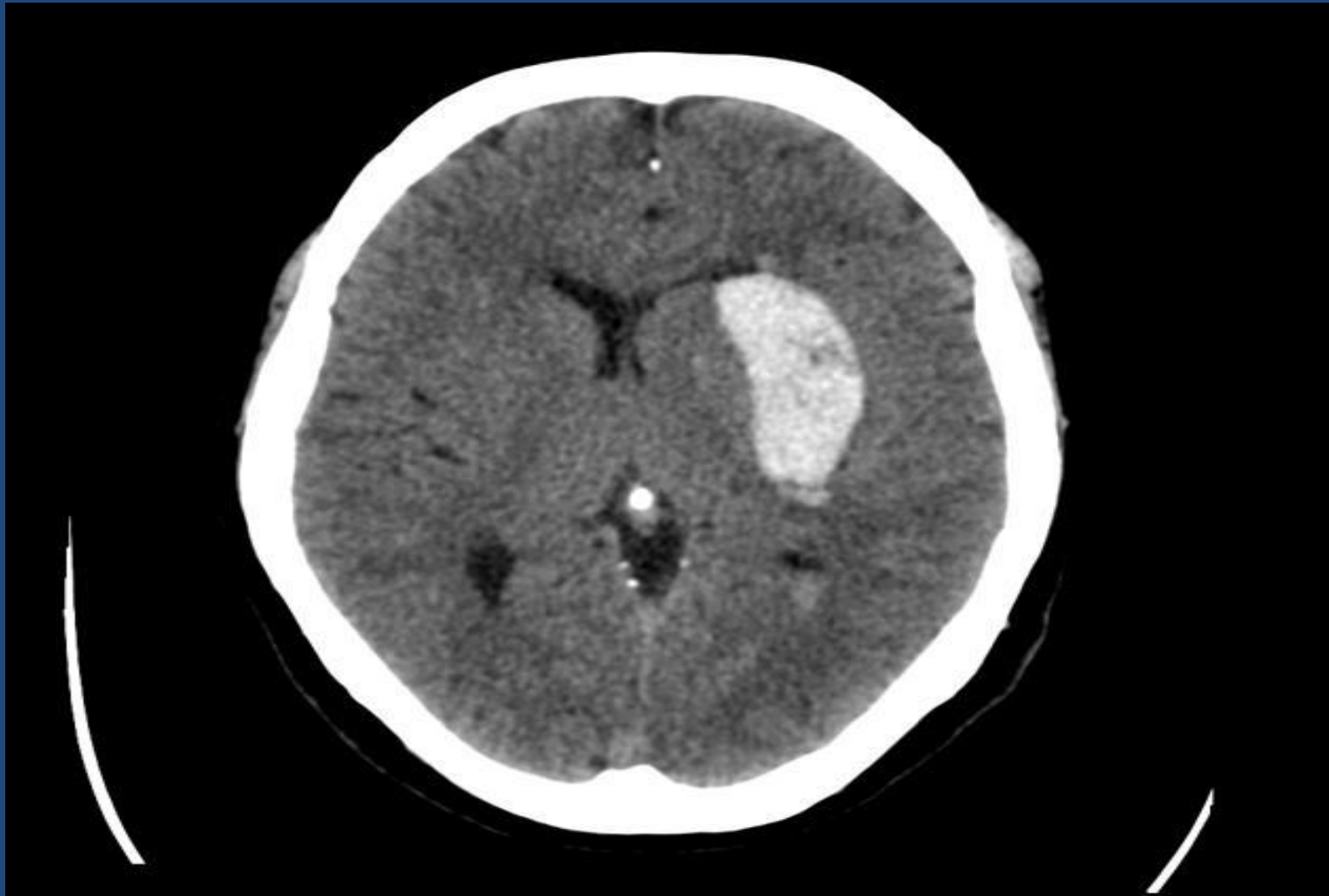
- > 50% have some hemorrhage
 - 0.6%-3% >> untreated patients
 - 6% in treated patients
- Risk Factors
 - Older age
 - larger stroke size
 - cardioembolic stroke etiology¹
 - anticoagulant use
 - fever
 - hyperglycemia
 - low serum cholesterol
 - Acutely elevated systolic blood pressure
 - thrombolytic therapy/recanalization
- Treatment



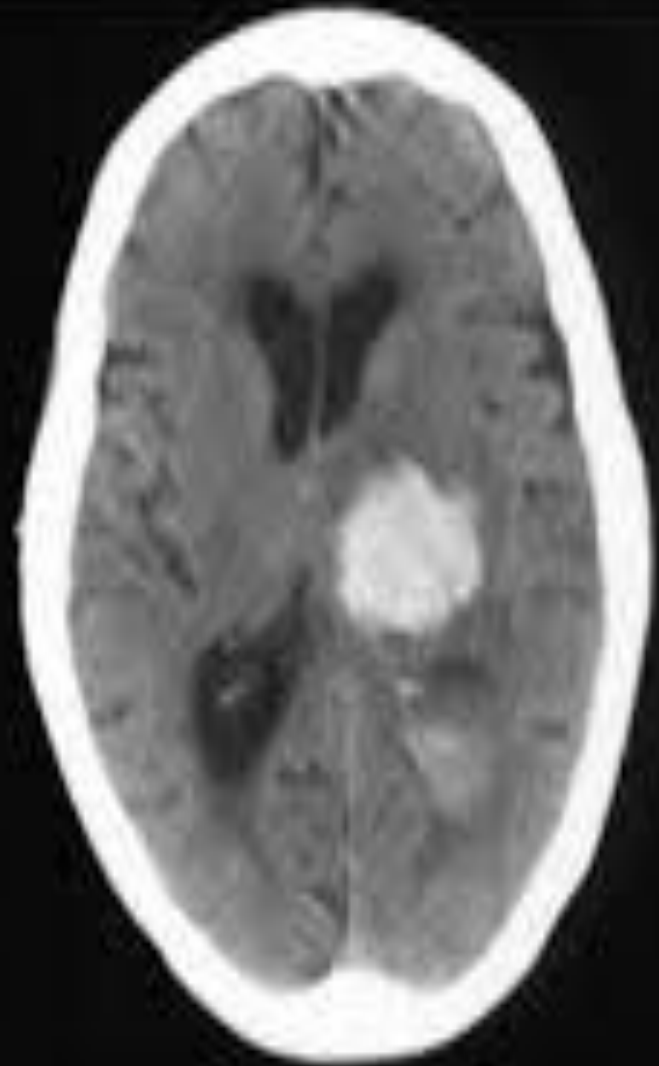
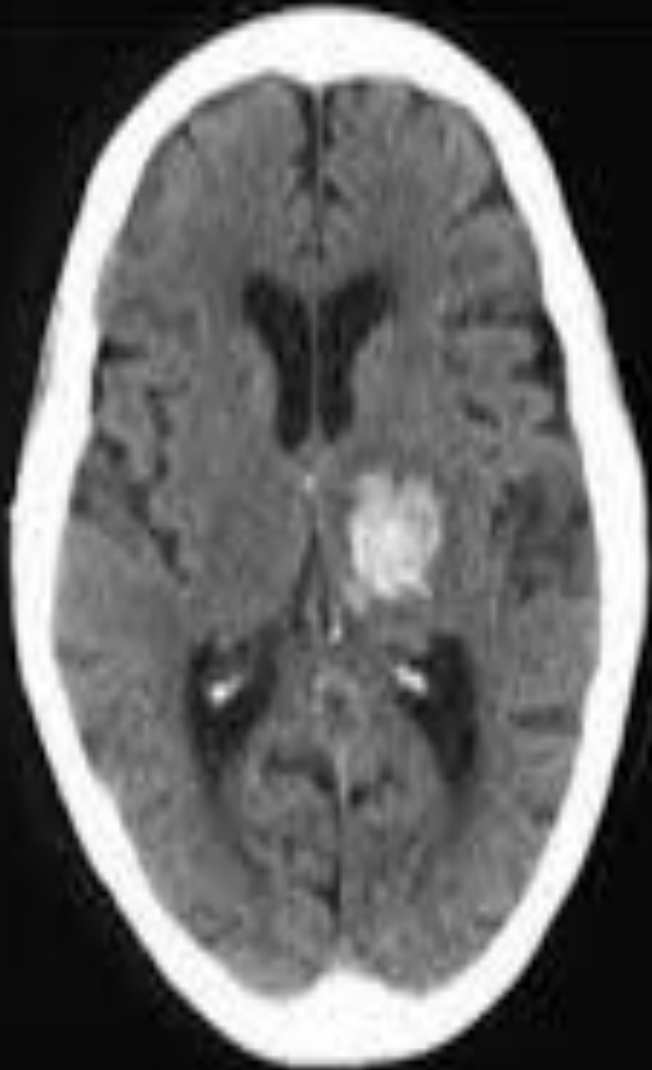
Hypertensive hemorrhage

- Putamen
- Thalami
- Pontine
- Cerebellum
- Lobar

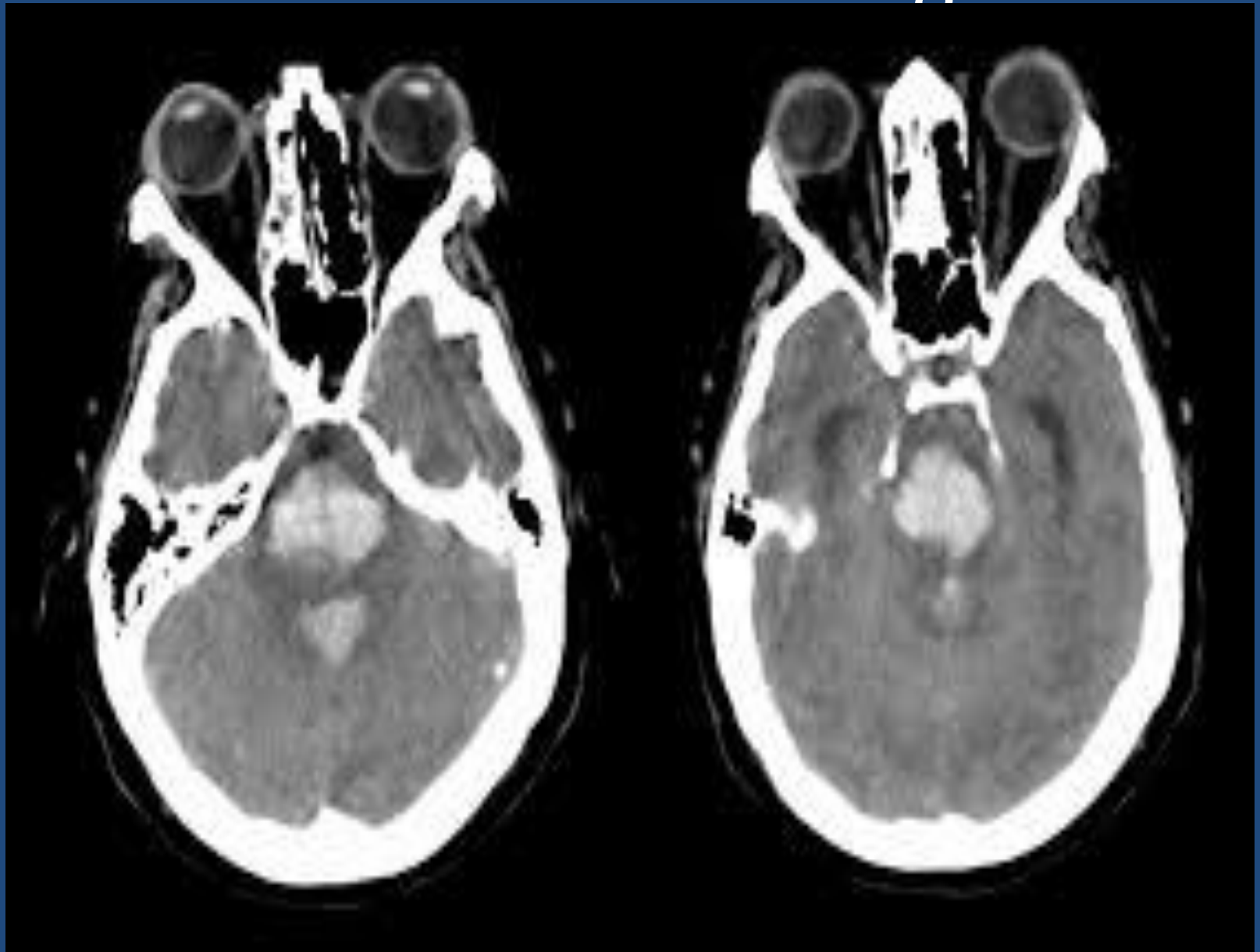
Putamen Hemorrhage



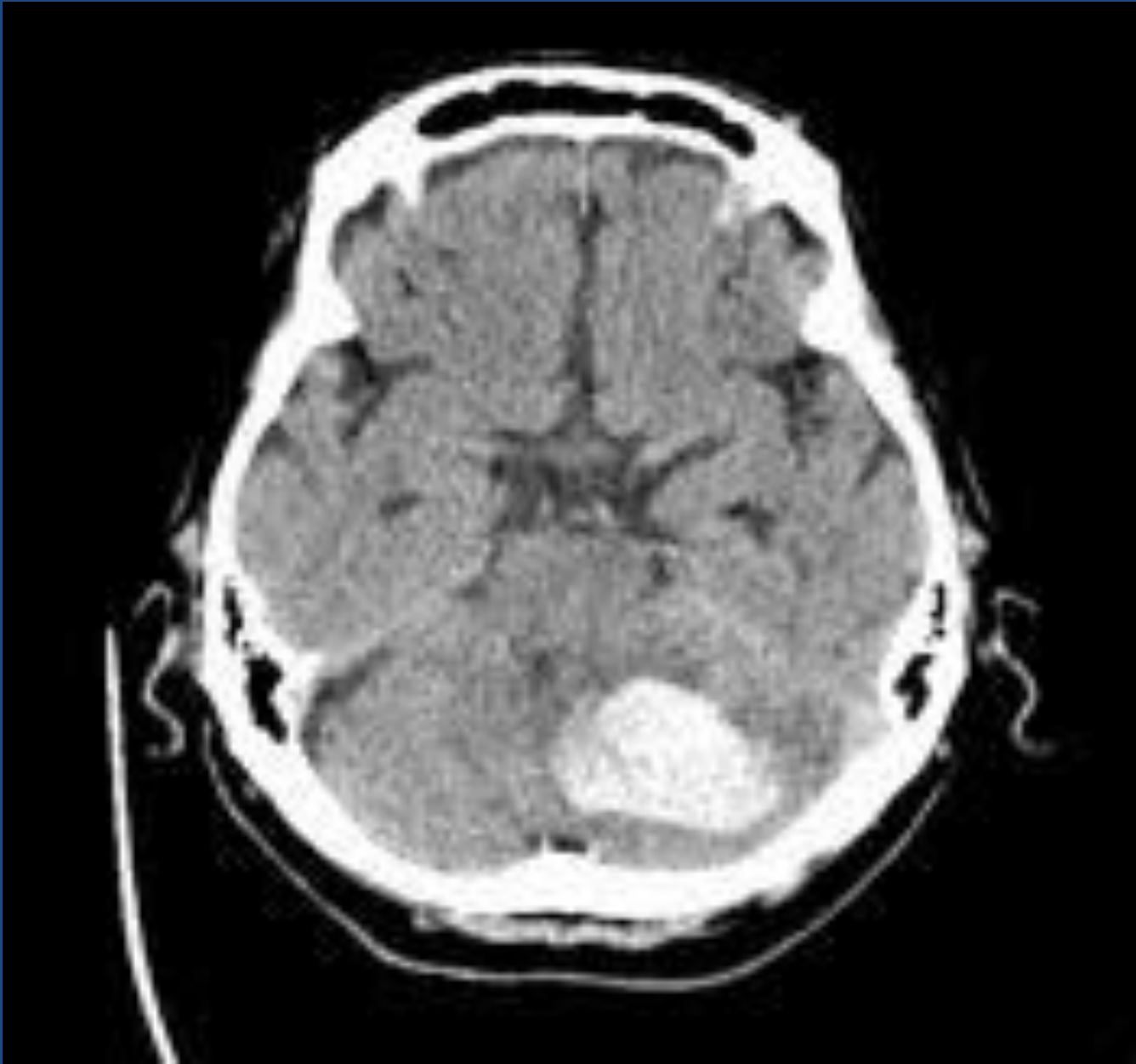
Thalamic hemorrhage



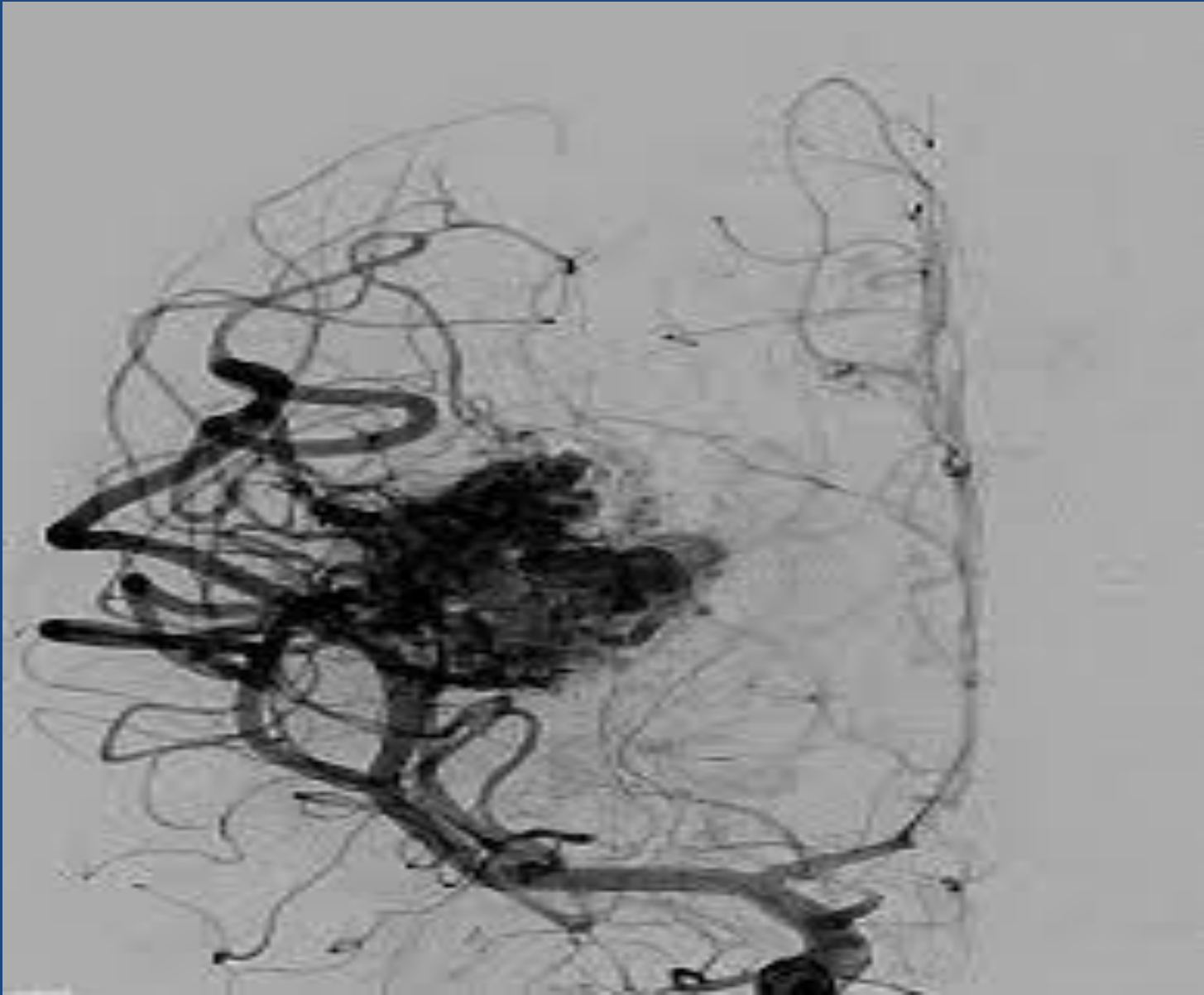
Pontine hemorrhage



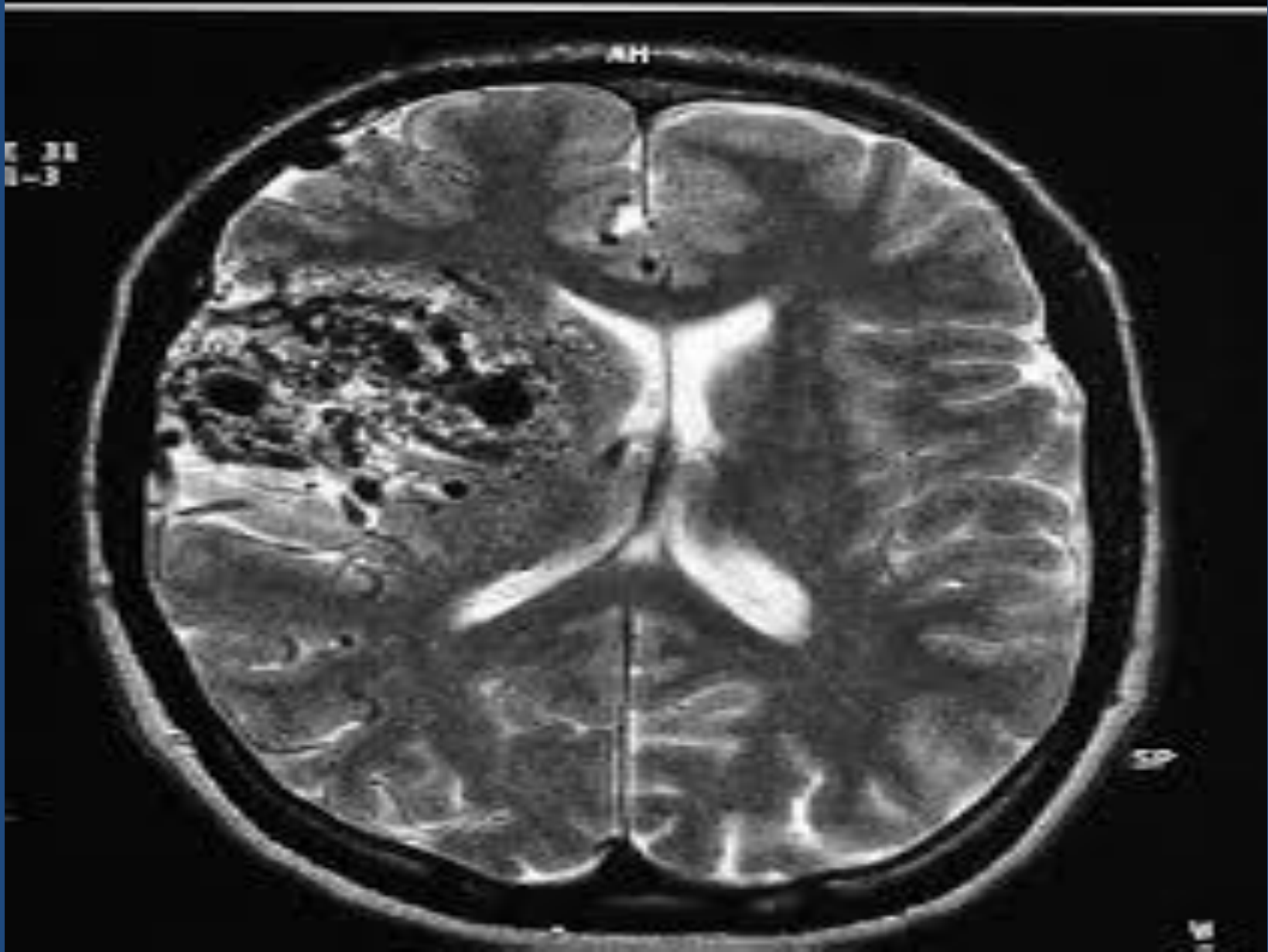
Cerebellar hemorrhage



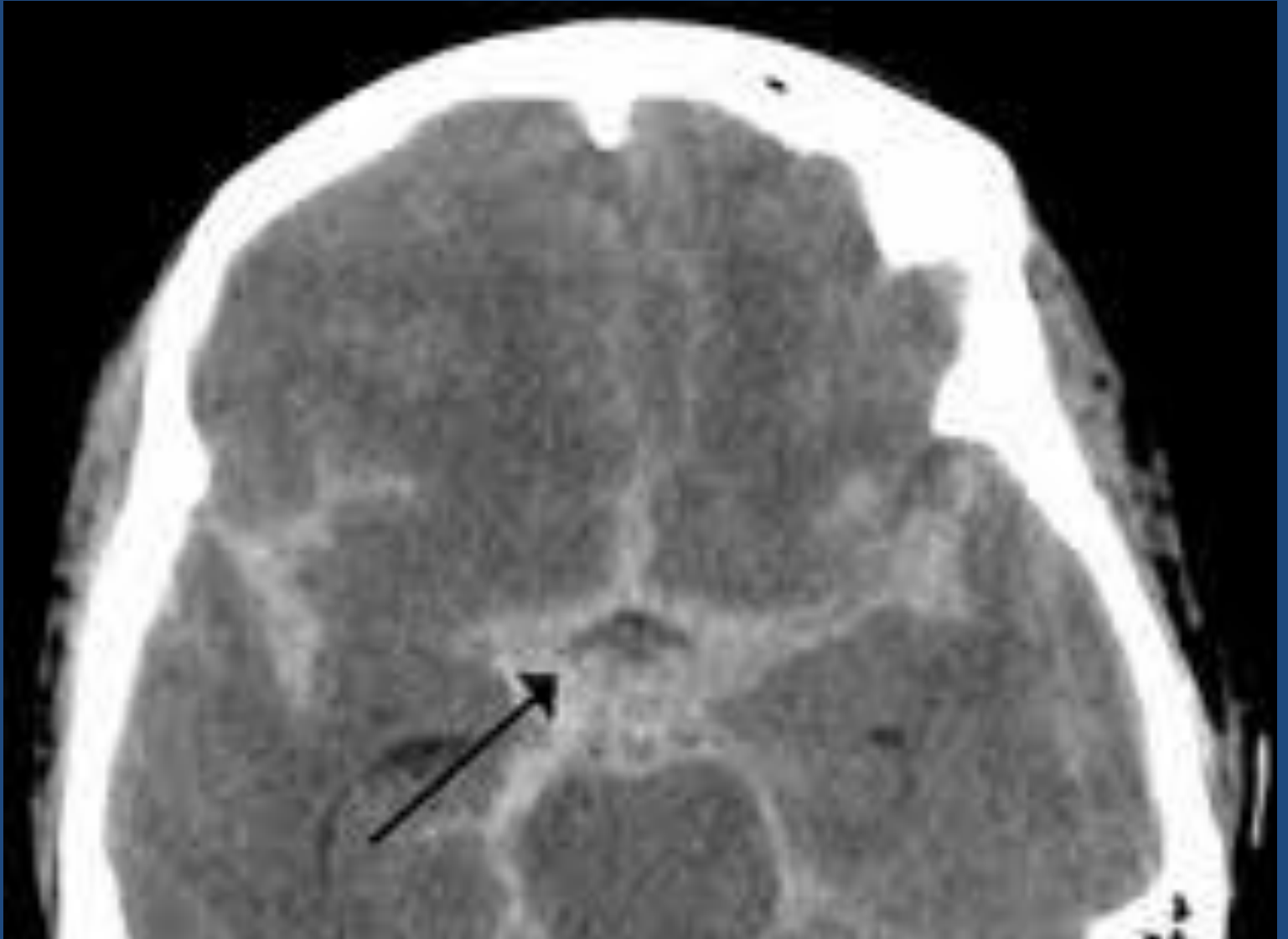
AVM



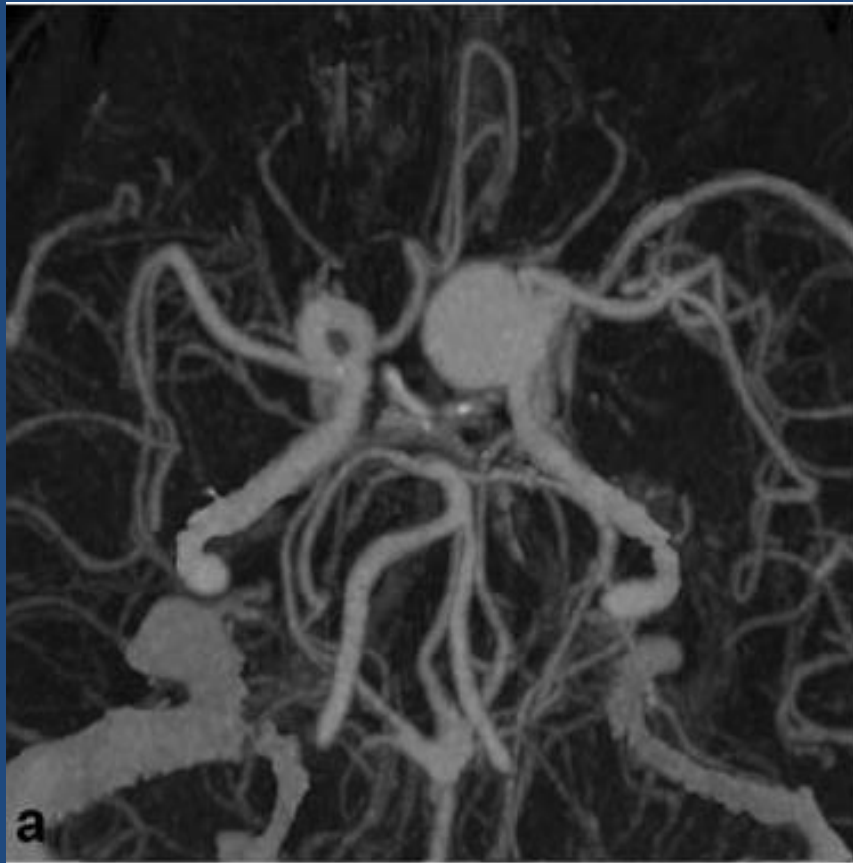
AVM



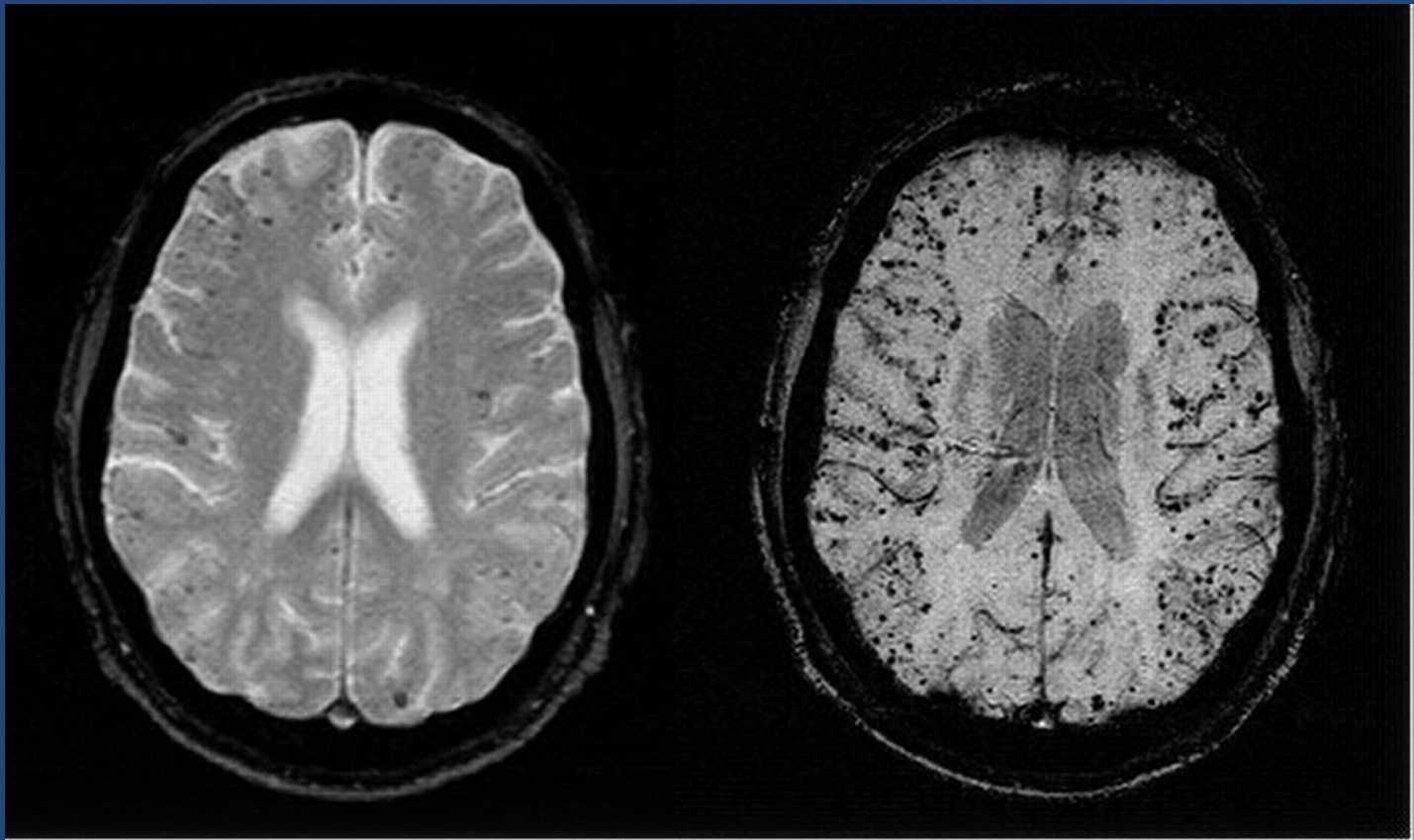
SAH



Aneurysm



Amyloid Angiopathy

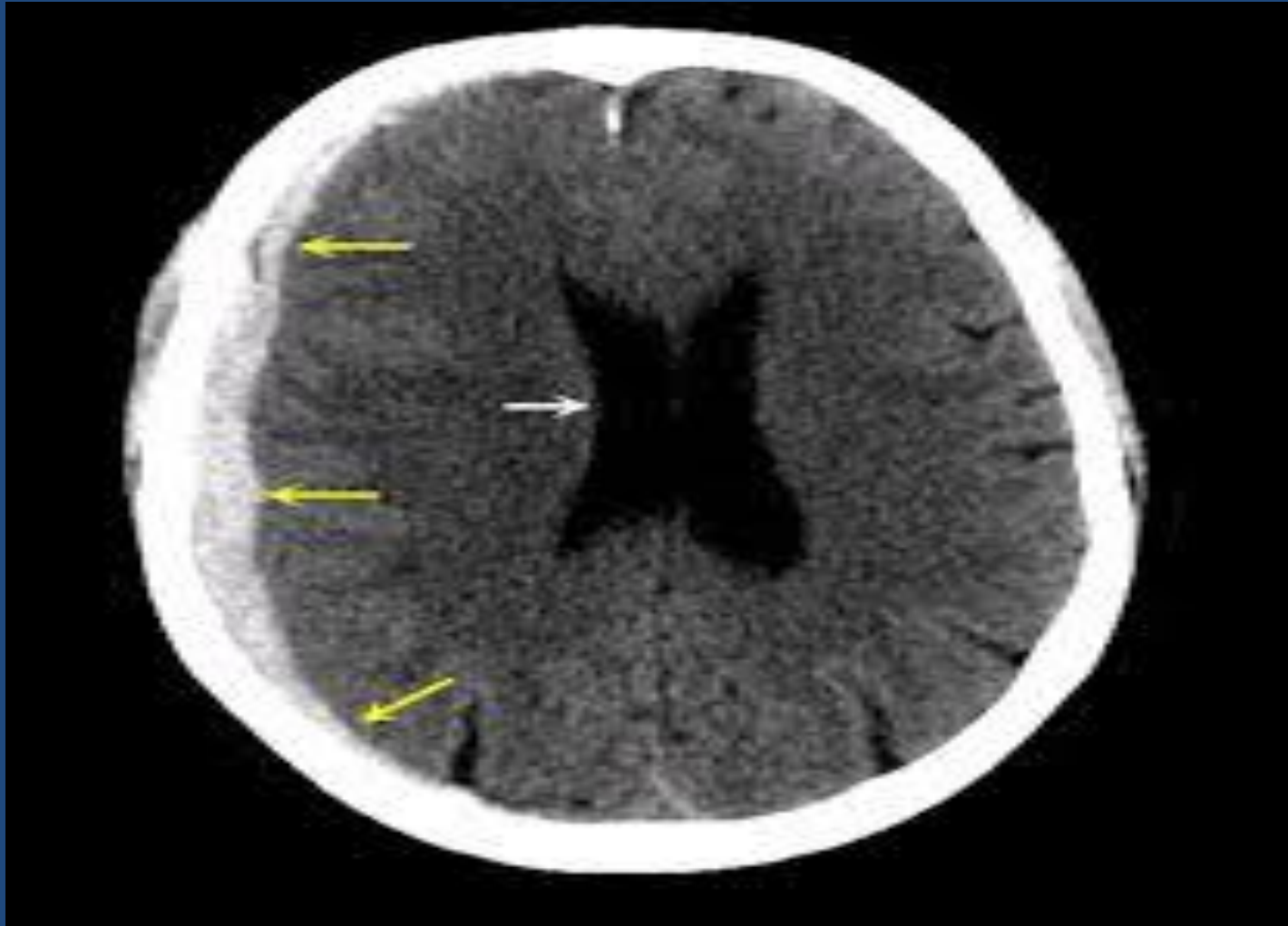


EDH

Warning: Not for diagnostic use



SDH



Lobar hemorrhage



Tumor with ICH

