

S36 Intracranial Hemorrhage- Diagnosis and Treatment



Objectives:

- Define an intracranial hemorrhage and how it is diagnosed
- Describe treatment associated with intracranial hemorrhages

What is an Intracranial hemorrhage?

- An intracranial hemorrhage (or brain bleed) is when there is bleeding present inside and around the brain's surface
- Bleeding can happen between the skull and brain tissue or within the brain's tissue itself preventing the brain from receiving oxygen

Types of Intracranial Hemorrhage:

Within skull but outside brain tissue:

- Epidural bleed-Between the skull bone and dura mater (Outer)
- Subdural bleed -

Between the dura mater and arachnoid membrane

(Middle)

Subarachnoid bleed-

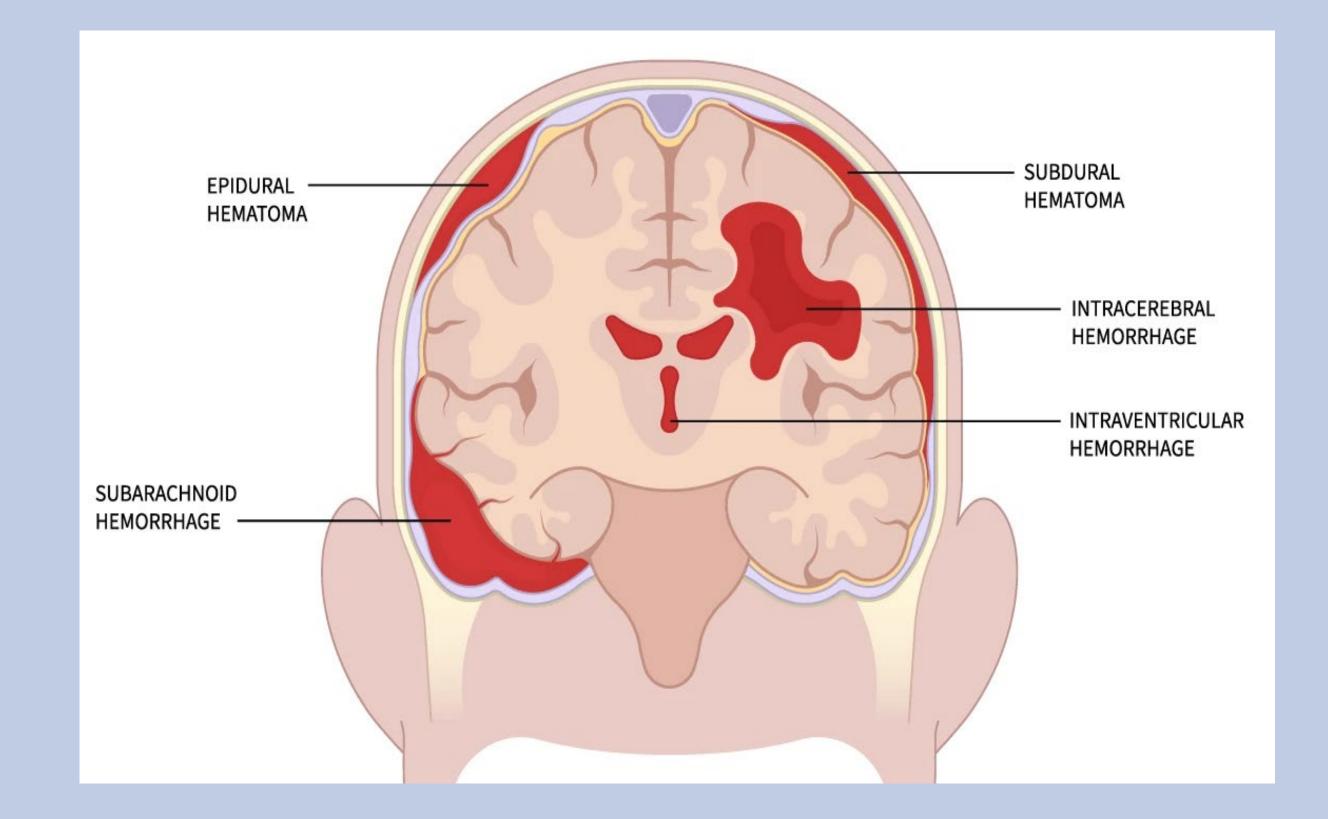
Between the arachnoid membrane and pia mater

(Inner)

Inside brain tissue:

- Intracerebral hemorrhage-
- Occurs in the lobes, brainstem and cerebellum
- Intraventricular hemorrhage-

Occurs in brain ventricles



Diagnosing Brain Bleeds Computed Tomography (CT) and Magnetic Resonance Imaging (MRI):

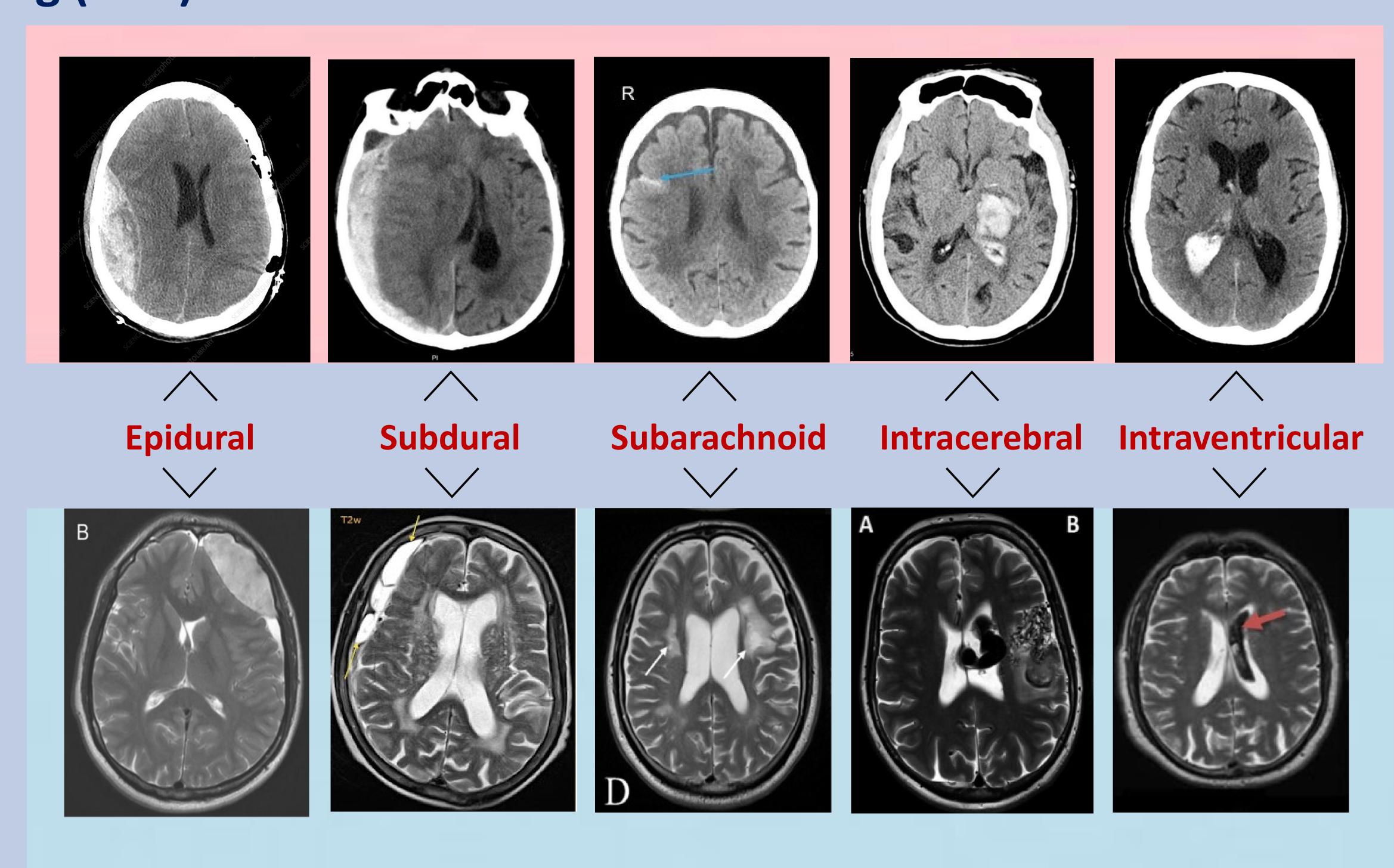
- Volume- of a hemorrhage can be measured using 3D volumetric software (hematomas with a volume > 30 mL are more prone to expansion)
 - Shape- Hemorrhages with irregular shapes are more prone to expansion
 - Density- the presence of hypodense or isodense regions that represent active bleeding (swirl sign)

MRI:

- Phase and Age- signal characteristics on T1 and T2-weighted pulse sequences show subacute and chronic blood (bloom sign)
- Areas of restricted blood flow- diffusionweighted imaging (DWI) assess tissue's structure by measuring how easily water can diffuse
- Cause- differentiate between arterial and venous hemorrhage

How Do We Know Someone is More Susceptible?

- Hypertension: Chronic high blood pressure causes changes to arteries in the brain which can make them more likely to rupture
- Age: More common after the age of 55 (buildup of protein in walls of arteries called amyloid angiopathy)
- Gender: More common in men than women
- Race: Affects African Americans and Asians more highly (likely related to higher prevalence of hypertension)
- Previous history of stroke increases risk 23 times
- Alcohol use and street drugs: cocaine and amphetamines increase risk



Treatment

Surgeries: The primary goal for this form of treatment is to stop bleeding as well as manage the cause, such as:

- Decompression: A hole drilled into the skull to drain blood and relieve pressure
- Craniectomy: Removal of a piece of the skull to relieve pressure
- Craniotomy: Removal and replacement of a piece of the skull to manage the source of bleeding

Medications: Another aspect of treatment is to treat the symptoms, the underlying cause, or prevent complications of a brain bleed, such as:

- Anti-anxiety medications
- Antiseizure medications
- Blood pressure management medications
- Pain relief medications
- Corticosteroid medications

IMMEDIATE INTERVENTION CAN LIMIT DAMAGE TO THE BRAIN AND IMPROVE ODDS OF RECOVERY!