

SUBARACHNOID HEMORRHAGE

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HEMORRHAGIC STROKE

- 15-20% of the cerebrovascular disorders
- bleeding into the brain tissue, ventricles or subarachnoid space
 - Intracranial
 - subarachnoid
 - Venricule hemorrhage

ETIOLOGY

- Subarachnoid hemorrhage
 - Traumatic SAH
 - Non-traumatic SAH (aneurysms, AVM,..)
- Primary intracerebral hemorrhage (80%)
Uncontrolled hypertension
- Secondary intracerebral hemorrhage
 - amyloid angiopathy
 - arteriovenous malformations,
 - intracranial aneurysms,
 - intracranial neoplasms
 - Certain medications (anticoagulants, amphetamines)

PATHOPHYSIOLOGY

INTRACEREBRAL HEMORRHAGE

- common in patients with hypertension and cerebral atherosclerosis
- result from certain type of arterial pathology,
- brain tumors
- Certain medications
 - anticoagulants,
 - amphetamines

INTRACRANIAL (CEREBRAL)ANEURYSM

- dilatation of the walls of the cerebral artery
- due to atherosclerosis which results in the defect in the vessel wall
- congenital defect of the vessel wall,
- hypertensive vascular disease,
- head trauma or advancing age
- occurs at the bifurcations of the large arteries of the Circle of Willis

ARTERIOVENOUS MALFORMATIONS

SUBARACHNOID HEMORRHAGE

CLINICAL MANIFESTATIONS

Patients with intracranial aneurysm or AVM

ASSESSMENT AND DIAGNOSTIC FINDINGS

PREVENTION

COMPLICATIONS

MEDICAL MANAGEMENT

SURGICAL MANAGEMENT

Post operative complications

- Psychological symptoms
(disorientation, amnesia, Korsakoff's syndrome, personality changes),
- intraoperative embolization,
- post operative internal artery occlusion,
- fluid and electrolyte disturbance
- gastrointestinal bleeding