

Aneurysmal subarachnoid hemorrhage treatment

Early treatment varies between treatment on day 0, within 24 h, 48 h, or 72 h after the SAH ictus ^{1) 2) 3) 4) 5) 6)}

Also, ultra-early treatment has been defined as treatment within 48 h ⁷⁾.

[Thiopental](#) and [decompressive craniectomy](#) are important integrated last-tier treatment options, but careful patient selection is needed due to the risk of saving many patients a state of suffering ⁸⁾.

Guidelines

[Aneurysmal Subarachnoid Hemorrhage Guidelines](#)

Surgery

see [Intracranial aneurysm treatment](#).

see [Intracranial aneurysm surgery](#).

Sedation

Sedation in the acute phase of the disease and prolonged sedation to reduce cerebral metabolism over days are frequently used as therapeutic approaches to manage secondary brain damage and have become an integral part of neurocritical care in the treatment of SAH ⁹⁾

Aneurysmal subarachnoid hemorrhage medical treatment

see [Aneurysmal subarachnoid hemorrhage medical treatment](#).

Intracranial pressure monitoring

There are no conclusive [recommendations](#) in [intracranial pressure monitoring for aneurysmal subarachnoid hemorrhage](#). New protocols establishing the indications for ICP monitoring in aSAH are needed. Given the high heterogeneity of the studies included, they cannot provide clinical recommendations regarding this issue ¹⁰⁾.

Baggiani et al. report 69% of ICP monitored patients (inter-center variability from 6.4 to 82.1%), and out of them, 54.9% had external ventricular catheters; in poor grades (WFNS IV–V), the percentage is 73%. Intracranial hypertension is recorded in 54.7% of cases; in patients with DVE, the incidence of ICP > 20 mmHg is lower (46 vs. 75%).

ICP monitoring appears to be associated with lower rates of unfavorable outcomes ¹¹⁾.

External ventricular drain for hydrocephalus after aneurysmal subarachnoid hemorrhage

[External ventricular drain for hydrocephalus after aneurysmal subarachnoid hemorrhage.](#)

Nicotine Replacement Therapy

[Nicotine Replacement Therapy.](#)

Rehabilitation

Over the years, treatment of SAH has drastically improved, which is responsible for the rapid rise in SAH survivors. Post-SAH, a significant number of patients exhibit [impairments](#) in [memory](#) and [executive function](#) and report high rates of [depression](#) and [anxiety](#) that ultimately affect daily living, [return to work](#), and [quality of life](#). Given the rise in SAH [survivors](#), [rehabilitation](#) post-SAH to optimize patient outcomes becomes crucial ¹²⁾

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Ultra-early microsurgical treatment within 24 h of SAH improves prognosis of poor-grade aneurysm combined with intracerebral hematoma Oncol Lett, 11 (5) (2016), pp. 3173-3178

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