

# Delayed cerebral ischemia after aneurysmal subarachnoid hemorrhage treatment

[Delayed cerebral ischemia after aneurysmal subarachnoid hemorrhage prevention](#)

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[Aneurysmal subarachnoid hemorrhage treatment](#)

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Pharmacologically-induced hypertension combined with volume is the established first-line therapy for DCI; a good clinical response with reversal of the presenting deficit occurs in 70 % of patients. Medically refractory DCI, defined as failure to respond adequately to these measures, should trigger step-wise escalation of rescue therapy. Level 1 rescue therapy consists of cardiac output optimization, hemoglobin optimization, and endovascular intervention, including angioplasty and intra-arterial vasodilator infusion. In highly refractory cases, level 2 rescue therapies are also considered, none of which have been validated <sup>1)</sup>.

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In 2012 Koenig published the Management of delayed cerebral ischemia after subarachnoid hemorrhage <sup>2)</sup>.

<sup>1)</sup>

Francoeur CL, Mayer SA. Management of delayed cerebral ischemia after subarachnoid hemorrhage. Crit Care. 2016 Oct 14;20(1):277. doi: 10.1186/s13054-016-1447-6. PMID: 27737684; PMCID: PMC5064957.

<sup>2)</sup>

Koenig MA. Management of delayed cerebral ischemia after subarachnoid hemorrhage. Continuum (Minneapolis). 2012 Jun;18(3):579-97. doi: 10.1212/01.CON.0000415429.99394.e8. PMID: 22810250.

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