

Retrospective cohort study of patients in the intensive care unit of [Erasme Hospital](#) (Brussels, Belgium) between 2004 and 2021 with aSAH who developed DCI. Patients were classified as: "group 1" - DCI diagnosed based on clinical deterioration or "group 2" - DCI diagnosed using CTP. The primary outcome was the development of infarction unrelated to the initial bleeding or surgery.

Results: 211 aSAH patients were diagnosed with DCI during the study period: 139 (66%) in group 1 and 72 (34%) in group 2. In group 1, 109 (78%) patients developed a cerebral infarction, compared to 45 (63%) in group 2 ($p = 0.02$). The adjusted cumulative incidence of DCI over time was lower in group 2 than in group 1 [hazard ratio 0.65 (95% CI 0.48-0.94); $p = 0.02$]. The use of CTP to diagnose DCI was not independently associated with mortality or neurological outcome.

The use of CTP to diagnose DCI might help reduce the risk of developing cerebral infarction after aSAH, although the impact of such an approach on patient outcomes needs to be further demonstrated ¹⁾.

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Seyour M, Salvagno M, Rozenblum R, Macchini E, Anderloni M, Jodaitis L, Peluso L, Annoni F, Lolli V, Schuind S, Gaspard N, Taccone FS, Gouvea Bogossian E. The impact of perfusion computed tomography on the diagnosis and outcome of delayed cerebral ischemia after subarachnoid hemorrhage. *Neurol Sci.* 2023 Oct 13. doi: 10.1007/s10072-023-07115-x. Epub ahead of print. PMID: 37828386.

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