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A 33-year-old **woman** admitted to the **ICU** due to **intraventricular hemorrhage**. An **arteriography** is performed where an **abnormal** venous drainage is appreciated and an **MRI** is performed where signs of **venous thrombosis** are ruled out. The patient was going to be **discharged** to the Neurosurgery **ward** with **GCS** 15 points, without focality. **Headache** poorly controlled with conventional **analgesia**. He did have significant **stiffness** in the **neck**. **Nausea** with improvement after administration of **granisetron**. Throughout the afternoon, neurological deterioration began until a GCS of 10 points (O2V3M5), we performed a brain **CT** in which a significant increase in the **hydrocephalus** component was observed compared to previous **neuroimaging**. Neurosurgery is contacted, deciding to implant **EVD**

She woke up without focality and was extubated without **incident**.

She remains conscious and oriented, with better **pain** control, without apparent focality. GCS: 15 points (M: 6, O: 3, V: 5). It maintains hemodynamic **stability**, diuresis and renal function. EVD at 18 cm H2O with output of 140 cc of CSF with a stained serous appearance. PiC and PPC in range. Control CT slope.

Restarted oral diet with excellent tolerance. I request a control test with an increase in CRP to 5 mg/dL. Normal rest. Good gas exchange. CSF **culture** taken today. Strictly normal arterial blood gases. Eupneic to room air.

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