

Intraventricular hemorrhage outcome

- Establishment and evaluation of a novel rat model of the fourth ventricle hemorrhage
- Mitral Annular Calcification, a Not So Marginal and Relatively Benign Finding as Many of Us Think: A Review
- Confidential Audit of Perinatal Mortality in the Republic of Kazakhstan: A Pilot Study
- 'Father of neonatal neurology': the life of Joseph J. Volpe
- Early treatment versus expectant management of hemodynamically significant patent ductus arteriosus for preterm infants
- Active Cerebrospinal Fluid Exchange vs External Ventricular Drainage in the Neurocritical Care Unit: An International, Retrospective Cohort Study
- Risk factors for the development of hydrocephalus in traumatic brain injury: a systematic review and meta-analysis
- Pharmacological interventions for the prevention of pain during endotracheal suctioning in ventilated neonates

It is the most severe form of [stroke](#).

Posthemorrhagic hydrocephalus

The presence of [intraventricular hemorrhage](#) portends a high risk of developing [Posthemorrhagic hydrocephalus](#) and decreased [survival](#) ¹⁾.

The significance of delayed intraventricular haemorrhage (dIVH) is less well defined.

One hundred thirty-nine (51.3 %) patients with intraventricular hemorrhage developed ventricular dilatation, but only 47 patients (17.34 %) needed shunting. In seven cases, temporary neurosurgical procedures were performed, but in all of them, this was followed by ventriculoperitoneal shunt implantation. The infection rate was 4.25 %, and shunt obstruction rate was 4.25 %. More than 80 % of patients were classified as good or excellent functional state. Mean follow-up period was 38.75 months (SD, 27.09; range, 1-102 months).

¹⁾

Hanley DF. Intraventricular hemorrhage: severity factor and treatment target in spontaneous intracerebral hemorrhage. Stroke. 2009 Apr;40(4):1533-8. doi: 10.1161/STROKEAHA.108.535419. Epub 2009 Feb 26. Review. PubMed PMID: 19246695; PubMed Central PMCID: PMC2744212.

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