

Nicardipine for aneurysmal subarachnoid hemorrhage

- Intrathecal nicardipine for symptomatic, refractory vasospasm treatment in pediatric patients: a case series
 - Intrathecal nicardipine for cerebral vasospasm after non-traumatic subarachnoid hemorrhage: a meta-analysis
 - Evaluating the effectiveness of nicardipine prolonged-release implants in patients with subarachnoid hemorrhage: a meta-analysis and meta-regression analysis
 - Earlier onset of cerebral vasospasm in ruptured infectious intracranial aneurysms
 - The Clinical Research Landscape of Intracranial Nicardipine for Aneurysmal Subarachnoid Hemorrhage: Insights From Bibliometric Analysis
 - Intrathecal Nicardipine After Aneurysmal Subarachnoid Hemorrhage: A Scoping Review
 - Intrathecal Nicardipine as Treatment for Severe Cerebral Vasospasm After Aneurysmal Subarachnoid Hemorrhage: A Retrospective Clinical Study
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Nicardipine may be given to prevent [cerebral vasospasm](#) after [aneurysmal subarachnoid hemorrhage](#) with Aggressive Cisternal Clot Removal ¹⁾.

Park et al., treated forty-four vessels in 18 patients. All vessels treated demonstrated angiographic improvement in the degree of vasospasm. TCD demonstrated significant decreases in peak systolic velocity after treatment. Neurological improvement was seen in about 42% of the patients after treatment. No significant changes in blood pressure or signs of pulmonary edema or renal dysfunction ²⁾.

see [Intrathecal nicardipine](#).

see [Intraventricular nicardipine](#).

see [Nicardipine prolonged release implant](#)

Case reports

A young adult female presented to the emergency department with a headache and vomiting. After treatment with intravenous fluids, diphenhydramine, and metoclopramide the headache completely resolved. Because of the patient's persistent symptoms and past medical history of systemic lupus erythematosus, a non-contrast head CT scan was done. In this case, the patient had a subarachnoid hemorrhage with edema and mass effect, detected on a non-contrast head CT scan. The patient required a nicardipine drip for blood pressure control. The patient recovered well and was discharged to her normal state of health. This case demonstrates the importance of maintaining high clinical suspicion for life-threatening emergencies even in patients with unremarkable physical exams who experience symptomatic improvement after treatment ³⁾

1)

Ota N, Matsukawa H, Kamiyama H, Tsuboi T, Noda K, Hashimoto A, Miyazaki T, Kinoshita Y, Saito N, Tokuda S, Kamada K, Tanikawa R. Preventing Cerebral Vasospasm After Aneurysmal Subarachnoid Hemorrhage with Aggressive Cisternal Clot Removal and Nicardipine. *World Neurosurg.* 2017 Nov;107:630-640. doi: 10.1016/j.wneu.2017.08.088. Epub 2017 Aug 24. PubMed PMID: 28843762.

2)

Park ES, Kim DW, Kang SD. Endovascular Treatment of Symptomatic Vasospasm after Aneurysmal Subarachnoid Hemorrhage: A Three-year Experience. *J Cerebrovasc Endovasc Neurosurg.* 2017 Sep;19(3):155-161. doi: 10.7461/jcen.2017.19.3.155. Epub 2017 Sep 30. PubMed PMID: 29159148; PubMed Central PMCID: PMC5680078.

3)

Ivanov I, Livshits D, Sokup B, Frisby A, Patel N. Not Your Typical Thunderclap Headache. *Cureus.* 2023 Apr 21;15(4):e37955. doi: 10.7759/cureus.37955. PMID: 37220465; PMCID: PMC10200343.

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