

Filling of all **perimesencephalic cisterns** with blood is a necessary factor for the development of **acute hydrocephalus**¹⁾.

The patients with PM SAH experienced a benign course, whereas those with n-PM SAH showed a higher risk of vasospasm and **hydrocephalus** as well as worse exit scores²⁾.

Elderly patients, and especially the subgroup with a **Fisher Scale** 3 bleeding pattern, had a high risk for an unfavorable outcome, whereas the subgroup of Non **perimesencephalic subarachnoid hemorrhage** NPM-SAH without a Fisher Grade 3 bleeding pattern had a favorable outcome, similar to **perimesencephalic subarachnoid hemorrhage** (PM)-SAH³⁾

¹⁾
Rinkel GJ, Wijdicks EF, Vermeulen M, Tans JT, Hasan D, van Gijn J. Acute hydrocephalus in nonaneurysmal perimesencephalic hemorrhage: evidence of CSF block at the tentorial hiatus. Neurology. 1992 Sep;42(9):1805-7. doi: 10.1212/wnl.42.9.1805. PMID: 1513471.

²⁾
Arslan A, Acik V, Bilgin E, Afser KA, Cavus G, Gezercan Y, Okten AI. Clinical comparison of patients with angiography: Negative perimesencephalic and nonperimesencephalic subarachnoid hemorrhages. Niger J Clin Pract. 2021 Apr;24(4):595-599. doi: 10.4103/njcp.njcp_647_18. PMID: 33851683.

³⁾
Konczalla J, Kashefiolasl S, Brawanski N, Senft C, Seifert V, Platz J. Increasing numbers of nonaneurysmal subarachnoid hemorrhage in the last 15 years: antithrombotic medication as reason and prognostic factor? J Neurosurg. 2015 Nov 13:1-7. [Epub ahead of print] PubMed PMID: 26566212.

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