

## 2017

A 52-year-old man was admitted to the neurosurgery clinic with severe [headache](#), retro-orbital pain, and blurred vision. [Lumbar puncture](#) demonstrated that the CSF opening pressure was 32 cm H<sub>2</sub>O. A nonprogrammable [lumboperitoneal shunt](#) with two distal slit valves was inserted. Shortly after the surgery, his condition deteriorated and he became [comatose](#). Immediate computed tomography scan revealed cerebellar hemorrhage and acute [hydrocephalus](#). Development of remote cerebellar hemorrhage following LP shunt is rare <sup>1)</sup>.

A 62-year-old patient with RCH encountered following surgical clipping of an unruptured middle cerebral artery bifurcation aneurysm in a patient with previous cerebellar infarction.

It is extremely rare, but sometimes, RCH can be life-threatening. It is necessary to check the patient's general condition, underlying diseases and medical history. And controlled drainage of the CSF seems to be most important. Arachnoidplasty may be a consideration and the position of the drain string might have to be carefully determined <sup>2)</sup>.

<sup>1)</sup>

Ayvalık F, Ozay R, Turkoglu E, Balkan MS, Şekerci Z. Remote Cerebellar Hemorrhage Following Lumboperitoneal Shunt Insertion: A Rare Case Report. Surg J (N Y). 2016 Dec 1;2(4):e139-e142. doi: 10.1055/s-0036-1594245. eCollection 2016 Oct. PubMed PMID: 28825007; PubMed Central PMCID: PMC5553480.

<sup>2)</sup>

Koh EJ, Park JS. Fatal [remote cerebellar hemorrhage](#) after supratentorial unruptured aneurysm surgery in patient with previous cerebellar infarction: A case report. Medicine (Baltimore). 2017 Jan;96(4):e5938. doi: 10.1097/MD.0000000000005938. PubMed PMID: 28121936.

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