

# Spontaneous basal ganglia hemorrhage

Usually as a result of poorly controlled long-standing [hypertension](#).

It is probably not a factor in at least 35 % of basal ganglion hemorrhages.

The stigmata of chronic hypertensive encephalopathy are often present.

Most of the cases are spontaneous unilateral hemorrhage, and the volume of blood is usually < 30 cc<sup>1)</sup>.

## Pathology

Long-standing poorly controlled hypertension leads to a variety of pathological changes in the vessels.

microaneurysms of perforating arteries ([Microaneurysms of Charcot-Bouchard](#))

small (0.3-0.9 mm) diameter aneurysms that occur on small (0.1-0.3 mm) diameter arteries a distribution that matches incidence of hypertensive haemorrhages

80% lenticulostriate

10% pons

10% cerebellum

found in hypertensive patients may thrombose, leak (see cerebral microhaemorrhages) or rupture

accelerated atherosclerosis: affects larger vessels

hyaline arteriosclerosis

hyperplastic arteriosclerosis: seen in very elevated and protracted cases

<sup>1)</sup>

Lang EW, Ren Ya Z, et al. Stroke pattern interpretation: the variability of hypertensive versus amyloid angiopathy hemorrhage. *Cerebrovasc Dis.* 2001;12:121-30.

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