Spontaneous intracerebral hemorrhage guidelines

- Anesthetic and perioperative management of pregnant patients undergoing neurosurgery: a case series from a single center in Morocco (2017-2024)
- Association between neutrophil-to-lymphocyte ratio and hematoma expansion in spontaneous intracerebral hemorrhage: A systematic review and meta-analysis
- European Stroke Organisation (ESO) and European Association of Neurosurgical Societies (EANS) guideline on stroke due to spontaneous intracerebral haemorrhage
- Triad of Cerebellar Hematoma, Obstructive Hydrocephalus and Non-Traumatic Subarachnoid Hemorrhage in a Hypertensive Patient: A Case Report and Literature Review
- Golden hour management in the patient with intraparenchymal cerebral hemorrhage: an Italian intersociety document
- The latest therapeutic advances with spontaneous intracerebral hemorrhage
- Grading Scores for Identifying Patients at Risk of Delayed Cerebral Ischemia and Neurological Outcome in Spontaneous Subarachnoid Hemorrhage: A Comparison of Receiver Operator Curve Analysis
- Impact of desmopressin on hematoma expansion in patients presenting to the emergency department on antiplatelet therapy: Don't expand study

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Intracerebral hemorrhage (ICH) carries the highest mortality and morbidity of all stroke types. Although small vessel disease accounts for the majority of intracerebral hemorrhage, there is a broad spectrum of other etiologies. Modern imaging techniques are a cornerstone of the work-up process. The goals of acute management are to prevent hematoma expansion, stabilize and prevent failure of vital signs, and establish the intracerebral hemorrhage etiology. ICH expansion can be alleviated by rapid correction of any contributing coagulopathy and antihypertensive treatment. Early prognostication within 24 hours after onset is imprecise. For this reason, international guidelines recommend postponing decision-making on withdrawal or limitation of care until at least the second full day of hospitalization. Indications for intensive care differ from those for neurosurgical treatment and should be assessed separately. Neurosurgical treatment is commonly recommended to reduce mortality in the presence of hydrocephalus or infratentorial hematomas with significant mass effects. In deteriorating patients with supratentorial ICH, surgical treatment can be considered as a life-saving treatment on an individual basis, with consideration given to anatomical location, level of consciousness and medical history [1)].

Medical control of blood pressure and intracranial pressure, among other factors, is key to management. The impact of surgical intervention is less clear [2)].

Guidelines from the American Heart Association/American Stroke Association (AHA/ASA) recommend that patients with ICH receive monitoring and management in an intensive care unit

1)
Mazya M, Bartek J Jr, Hansen B. Modern handläggning av intracerebralt hematom [Treatment of intracerebral hemorrhage - An overview]. Lakartidningen. 2023 Sep 5;120:23056. Swedish. PMID: 37668115.
2)
Bowman KM, Ahmed AS. Surgical Indications and Options for Hypertensive Hemorrhages. Neurol Clin. 2022 May;40(2):337-353. doi: 10.1016/j.ncl.2021.12.001. Epub 2022 Mar 31. PMID: 35465879.