

# Spontaneous Intracranial Hemorrhage

It results from a weakened vessel that ruptures and bleeds into the surrounding brain. The blood accumulates and compresses the surrounding brain tissue. The two types of hemorrhagic strokes are [intracerebral hemorrhage](#) or [subarachnoid hemorrhage](#).

Hemorrhagic stroke occurs when a weakened blood vessel ruptures. Two types of weakened blood vessels usually cause hemorrhagic stroke: [aneurysms](#) and [arteriovenous malformations](#) (AVMs).

see [Spontaneous intracerebral hemorrhage](#)

see [Spontaneous cerebellar hemorrhage](#)

## Epidemiology

Hemorrhagic [stroke](#) accounts for about 13 percent of [stroke](#) cases.

Hemorrhagic stroke in the [cerebellum](#) is rare in [children](#), and the main causes are vascular lesions such as [arteriovenous malformations](#) (AVMs) and [coagulopathy/thrombocytopenia](#) related to hematological disorders.

---

Spontaneous ICH is associated with significant morbidity and mortality, with an incidence of 16 to 33 cases per 100 000 <sup>1)</sup>.

## Guidelines

see [Spontaneous Intracranial Hemorrhage Guideline](#).

According to the AHA/ASA guidelines and the Emergency Neurological Life Support protocols, spontaneous intracranial hemorrhage is a medical emergency and should be managed accordingly. The initial management should focus on the following principles:

ABC's. Initial assessment and stabilization of airway patency, breathing, and circulation.

Neuroimaging. Once clinical stability is achieved, an urgent imaging study for rapid and accurate diagnosis should be performed.

Standardized neurologic assessment to determine baseline severity. The National Institutes of Health Stroke Scale (NIHSS), if the patient is awake or drowsy, or the Glasgow Coma Scale (GCS), if the patient is obtunded or comatose, should be performed and clearly documented.

Blood pressure management, reversal of coagulopathy, and evaluation of the need for early surgical intervention.

Frequent neurological examinations, at least every hour, to detect early clinical deterioration and signs of increased intracranial pressure (ICP) should be part of the routine initial management

algorithm.

## Prevention

[Hemorrhagic stroke prevention.](#)

<sup>1)</sup>  
Sacco S, Marini C, Toni D, et al.. Incidence and 10-year survival of intracerebral hemorrhage in a population-based registry. Stroke. 2009;40(2):394-399.

From:  
<https://neurosurgerywiki.com/wiki/> - **Neurosurgery Wiki**

Permanent link:  
[https://neurosurgerywiki.com/wiki/doku.php?id=spontaneous\\_intracranial\\_hemorrhage](https://neurosurgerywiki.com/wiki/doku.php?id=spontaneous_intracranial_hemorrhage)

Last update: **2024/06/07 02:48**

