

Spontaneous intraventricular hemorrhage

- Continuous temperature monitoring in patients with spontaneous intracerebral hemorrhage: insights into temperature patterns and variability
- Comparative efficacy of urokinase and recombinant tissue-type plasminogen activators in intraventricular hemorrhage
- Rapid Absorption of a Spontaneous Primary Intraventricular Hemorrhage
- European Stroke Organisation (ESO) and European Association of Neurosurgical Societies (EANS) guideline on stroke due to spontaneous intracerebral haemorrhage
- Iatrogenic dural arteriovenous fistula formation as a rare complication of external ventricular drain placement: institutional review of 16 cases
- The association between antenatal indomethacin exposure and persistent pulmonary hypertension of the newborn in extremely preterm infants
- Ischemic placental disease as a risk factor for bronchopulmonary dysplasia in extremely preterm infants
- Predictors of poor outcomes in patients with intracerebral hemorrhage

Classification

Severity:

Mild IVH: Refers to a small amount of bleeding within the ventricles, often with minimal or no neurological symptoms. Moderate IVH: Indicates a more substantial hemorrhage, with a greater volume of blood in the ventricles and more pronounced neurological symptoms. Severe IVH: Characterized by a large hemorrhage with significant neurological deficits and often associated with high intracranial pressure. Location within Ventricles:

Intraventricular Hemorrhage: Describes bleeding that is primarily confined to the ventricles without significant extension into the brain tissue. Intraventricular Hemorrhage with Extension: If the hemorrhage extends beyond the ventricles and into the brain parenchyma, it may be classified as intraventricular hemorrhage with extension. Underlying Causes:

Primary/Spontaneous IVH: This classification implies that the hemorrhage occurred without an obvious underlying cause, such as an aneurysm rupture or head injury. Primary IVH is often associated with conditions like hypertension. Secondary IVH: Secondary IVH is associated with underlying conditions or events, such as aneurysm rupture, arteriovenous malformations (AVMs), anticoagulant medication use, or trauma. Grading Scales:

Various grading scales may be used to assess the severity and prognosis of IVH. One common scale is the Graeb Score, which considers the volume and distribution of blood within the ventricles. Chronic IVH: In some cases, intraventricular hemorrhage can become chronic if there is a continuous or recurrent bleeding source. Chronic IVH may be associated with different underlying causes and often requires specialized management.

Treatment Response: The classification may also take into account the patient's response to treatment and the evolution of the hemorrhage over time, such as whether it is stable, improving, or worsening.

It's important to note that the specific classification and management of spontaneous IVH can vary

among healthcare institutions and may depend on the clinical context and available imaging findings. Accurate classification is essential for determining appropriate treatment strategies, including surgical interventions, medical management, or monitoring. The management of spontaneous IVH typically involves a multidisciplinary approach, including neurosurgeons, neurologists, and critical care specialists.

The presence, extent, and distribution of [intraventricular hemorrhage](#) (IVH) have been associated with negative outcomes in [aneurysmal subarachnoid hemorrhage](#) (SAH). Several qualitative scores ([Fisher scale](#), [LeRoux score](#), and [Graeb score](#)) have been established for evaluating SAH and IVH. However, no study has assessed the radiodensity within the ventricular system in aneurysmal SAH patients with IVH.

see [Intraventricular hemorrhage after ruptured intracranial aneurysms.....](#)

see [Idiopathic primary intraventricular hemorrhage](#)

Intraventricular hemorrhage (IVH) is a common complication of premature neonates with small birth weight, which often leads to hydrocephalus and treatment with ventriculoperitoneal (VP) shunting procedures.

hypertension was a contributing factor, and vascular lesions were less common than expected. More research is necessary to further define the course and characteristics of this rare type of intracerebral hemorrhage ¹⁾.

Outcome

Intraventricular extension of [intracerebral hemorrhage](#) (ICH) predicts poor outcome, but the significance of delayed intraventricular haemorrhage (dIVH) is less well defined.

Although linked to factors determining greater ICH growth including poor systolic blood pressure (SBP) control, delayed intraventricular haemorrhage (dIVH) is independently associated with poor outcome in acute small to moderate-size ICH ²⁾.

Complications

see [Hydrocephalus after intraventricular hemorrhage](#).

Treatment

see [Intraventricular hemorrhage treatment](#).

Case series

Consecutive patient records with a diagnosis of intracerebral hemorrhage admitted between May 2009 and June 2014 at a tertiary care center were retrospectively reviewed. Subjects were included in the study cohort if all neurologists and the radiology report agreed that the subject had an isolated IVH. Patients with intraparenchymal hemorrhage, subarachnoid hemorrhage, malignancy with hemorrhagic components, and hemorrhagic transformation of ischemic stroke were excluded. The electronic medical record, imaging report, and imaging studies were reviewed.

Of 1692 cases reviewed, 33 (1.9%) had primary IVH. The most common presenting symptoms included altered mental status (48.5%), headache, (39.4%), and nausea (24.2%). In 36.3%, hypertension was found to be a contributing factor; 27.2% were attributed solely to hypertension. Vascular abnormalities were the primary etiology in 21.3% of patients. When observing outcomes, 61.8% were discharged home or to rehab, whereas 20.5% died or were placed in hospice care. A higher Graeb score was associated with an increased likelihood of death or hospice (8 versus 5, $P = .02$)

This study is one of few to describe the etiology, contributing factors, and outcomes of primary IVH. As in prior studies, hypertension was a contributing factor, and vascular lesions were less common than expected. More research is necessary to further define the course and characteristics of this rare type of intracerebral hemorrhage ³⁾.

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