

# Subarachnoid hemorrhage clinical features

Sudden [headache](#) is the cardinal feature, but patients might not report the mode of onset, usually with [vomiting](#), [syncope](#) (apoplexy), [neck pain](#) (meningismus), and [photophobia](#). If there is LOC, patient may subsequently recover [consciousness](#). Focal [cranial nerve](#) deficits may occur (e.g. [third nerve palsy](#) from aneurysmal compression, causing [diplopia](#) and/or [ptosis](#)), [Low back pain](#) may develop due to irritation of lumbar [nerve roots](#) by dependent blood.

[Loss of consciousness](#) (LOC) is a common presenting symptom of [subarachnoid hemorrhage](#) (SAH) that is presumed to result from transient intracranial circulatory arrest.

In patients with a normal level of [consciousness](#) without [focal neurological deficits](#) the presence of [neck stiffness](#) is helpful but not pathognomonic for the diagnosis of SAH. Moreover, the absence of neck stiffness does not rule out SAH, especially when evaluated  $\leq 6$ h after symptom onset <sup>1)</sup>.

Focal cranial nerve deficits may occur (e.g. third nerve palsy from aneurysmal compression, causing diplopia and/or ptosis).

Low back pain may develop due to irritation of lumbar nerve roots by dependent blood.

## Subarachnoid hemorrhage headache

see [Subarachnoid hemorrhage headache](#).

1)

Backes D, Rinkel GJ, Sturkenboom AJ, Vergouwen MD. Time-dependent test characteristics of neck stiffness in patients suspected of nontraumatic subarachnoid haemorrhage. J Neurol Sci. 2015 Jun 10. pii: S0022-510X(15)00357-3. doi: 10.1016/j.jns.2015.06.016. [Epub ahead of print] PubMed PMID: 26115913.

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Last update: **2024/06/07 02:53**

