Subarachnoid hemorrhage treatment

- Prognostic value of intracranial vascular tortuosity in thrombectomy for distal vessel occlusion
- Angiographically occult catastrophe: A rare case of aspergillus-induced subarachnoid hemorrhage without mycotic aneurysms following apparent bacterial abscess resolution
- Research Progress of External Ventricular Drainage Catheterization Techniques
- Embolization of a high cervical pial arteriovenous fistula resulting in respiratory insufficiency due to diaphragmatic paralysis: A case report
- Naochuxue formula attenuates early brain injury following subarachnoid hemorrhage by inhibiting neuronal apoptosis via network pharmacology and in vivo experiments
- Bilateral Thalamic Edema caused by tentorial galenic dural arteriovenous fistula and Sinus Thrombosis: Successful endovascular therapy
- Does duration of nimodipine therapy impact outcome in aneurysmal subarachnoid hemorrhage: systematic review and meta-analysis
- Trends in acute care of cerebrovascular events- a joinpoint analysis with German hospital data from 2000 to 2021

The management of subarachnoid hemorrhage (SAH) depends on the underlying cause, with aneurysmal SAH being the most common and life-threatening type. The approach includes initial stabilization, diagnosis, definitive treatment of the aneurysm (if present), and prevention of complications.

Initial Stabilization

Airway & Breathing: Intubate if there is decreased consciousness (GCS ≤8) or respiratory compromise.

Circulation: Maintain euvolemia and prevent hypotension.

Blood Pressure Control:

Target SBP <160 mmHg (or MAP <110 mmHg) to reduce rebleeding risk.

Preferred agents: labetalol, nicardipine, or clevidipine (avoid nitroprusside or nitroglycerin as they may increase ICP).

Analgesia & Sedation: Opioids and short-acting sedatives may be used.

DVT Prophylaxis: Intermittent pneumatic compression devices.

Early intervention and treatment are essential to prevent long-term complications. Over the years, treatment of SAH has drastically improved, which is responsible for the rapid rise in SAH survivors. Post-SAH, a significant number of patients exhibit impairments in memory and executive function and

report high rates of depression and anxiety that ultimately affect daily living, return to work, and quality of life. Given the rise in SAH survivors, rehabilitation post-SAH to optimize patient outcomes becomes crucial [1)]

see Aneurysmal subarachnoid hemorrhage treatment.

see Traumatic subarachnoid hemorrhage treatment.

1)
Nwafor DC, Kirby BD, Ralston JD, Colantonio MA, Ibekwe E, Lucke-Wold B. Neurocognitive Sequelae and Rehabilitation after Subarachnoid Hemorrhage: Optimizing Outcomes. J Vasc Dis. 2023 Jun;2(2):197-211. doi: 10.3390/jvd2020014. Epub 2023 Apr 1. PMID: 37082756; PMCID: PMC10111247.