

The Ethnic/Racial Variations of Intracerebral Hemorrhage study

The aim of a study of Chen et al., was to compare [spontaneous intracerebral hemorrhage](#) outcomes in patients who underwent [intracranial pressure monitoring](#) to those who were managed by care-guided imaging and/or [clinical examination](#) alone.

This was a [retrospective analysis](#) of [data](#) from the Ethnic/Racial variations of Intracerebral Hemorrhage ([ERICH](#)) study between 2010 and 2015. ICH patients who underwent ICP monitoring were propensity-score matched, in a 1:1 ratio, to those who did not undergo ICP monitoring. The primary outcome was 90-day mortality. Secondary outcomes were in-hospital mortality, [hyperosmolar therapy](#) use, ICH evacuation, length of hospital stay, and 90-day [modified Rankin Scale](#) (mRS) score, excellent outcome (mRS score 0-1), good outcome (mRS score 0-2), [Barthel Index](#), and health-related quality of life (HRQoL; measured by EQ-5D and EQ-5D visual analog scale [VAS] scores). A secondary analysis for patients without [intraventricular hemorrhage](#) was performed.

The ICP and no ICP monitoring cohorts comprised 566 and 2434 patients, respectively. The matched cohorts comprised 420 patients each. The 90-day and in-hospital mortality rates were similar between the matched cohorts. Shift analysis of 90-day mRS favored no ICP monitoring ($p < 0.001$). The rates of excellent ($p < 0.001$) and good ($p < 0.001$) outcome, Barthel Index ($p < 0.001$), EQ-5D score ($p = 0.026$), and EQ-5D VAS score ($p = 0.004$) at 90 days were lower in the matched ICP monitoring cohort. Rates of mannitol use ($p < 0.001$), hypertonic saline use ($p < 0.001$), ICH evacuation ($p < 0.001$), and infection ($p = 0.001$) were higher, and length of [hospital stay](#) ($p < 0.001$) was longer in the matched ICP monitoring cohort. In the secondary analysis, the [matched cohorts](#) comprised 111 patients each. ICP monitoring had a lower rate of 90-day mortality ($p = 0.041$). Shift analysis of 90-day mRS, Barthel Index, and HRQoL metrics were comparable between the matched cohorts.

The findings of this study do not support the routine utilization of ICP monitoring in patients with ICH ¹⁾.

¹⁾

Chen CJ, Ding D, Ironside N, Buell TJ, Southerland AM, Testai FD, Woo D, Worrall BB; ERICH Investigators. Intracranial pressure monitoring in patients with spontaneous intracerebral hemorrhage. *J Neurosurg*. 2019 May 31;1-11. doi: 10.3171/2019.3.JNS19545. [Epub ahead of print] PubMed PMID: 31151113.

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