Traumatic intracerebral hemorrhage outcome

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- Anesthetic and perioperative management of pregnant patients undergoing neurosurgery: a case series from a single center in Morocco (2017-2024)
- Relationship Between Systemic and Cerebral Microdialysate Glucose in Patients With Severe Acute Brain Injury-A Retrospective Study
- Traumatic Middle Meningeal Arteriovenous Fistula Managed using Coil Embolization: A Case Report
- Intrathecal nicardipine for symptomatic, refractory vasospasm treatment in pediatric patients: a case series
- Prognostic value of temporalis muscle thickness as a marker of sarcopenia in intracerebral hemorrhage
- The increased mortality of older patients with moderate traumatic brain injury
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Cerebral contusions, are frequently associated with surrounding edematous-appearing tissue that exacerbates elevation of intracranial pressure (ICP). Half of all cerebral contusions enlarge in the first hours after injury, with perilesional hypodensity being a significant factor in prediction of expansion [1)].

The presence of Apolipoprotein E, an elevated international normalized ratio, and a higher glucose level (≥ 10 mmol/L) are predictors of Progressive traumatic intracerebral hemorrhage. Additionally, APOE ε4 is not associated with traumatic coagulopathy and patient outcome [2)].

A survey of 729 patients with TBI by the TBI European Brain Injury Consortium found that cerebral contusions alone (44%) or in association with subdural haematoma (29%) were the most frequent causes for delayed surgical intervention [3)].

Neutrophil to lymphocyte ratio

The Neutrophil to lymphocyte ratio is easily calculated and might predict the early growth of Traumatic intracerebral hemorrhage for patients suffering from TBI [4)].

Outpatient follow-up

Repeat outpatient CT of asymptomatic patients after nonoperative cerebral contusion and tSAH is very unlikely to demonstrate significant new pathology. Given the cost and radiation exposure associated with CT, imaging should be reserved for patients with significant symptoms or focal findings on neurological examination [5].

Complications

Intracerebral hemorrhage complications.

1)
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5)
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