

Spontaneous intracerebral hemorrhage in hypertensive patients

- bleeding into the brain without a so-called "obvious cause" - without injury, aneurysm, AV malformation, tumor, coagulopathy,
- the most common cause is systemic hypertension,
- **pathogenesis** – long-term hypertension leads to hyaline reconstruction of the vessel wall, which is then prone to rupture,
 - hypertensive patients also have frequent microaneurysms in the lenticulostriatal region,
 - the most common localization of spontaneous hematomas – putamen, thalamus, cerebral lobes, cerebellum, brainstem.

In general, we distinguish three types of patients,

- indicated for conservative therapy,
- suitable for neurosurgical solutions,
- suitable adepts of forensic medicine - unaffected by therapy, exit quickly.

Classification of hematomas according to CT findings

1. **Supratentorial** – putamic, thalamic, lobar,
2. **infratentorial** – pontine, cerebellar.

Clinical picture

- Picture of hemorrhagic CMP – headache, rapidly and smoothly progressing neurological findings, impaired consciousness (often with rapid progression to deep coma).

Therapy

The operative indications are twofold:

- **immediate surgery** is indicated for hematomas behaving expansively, compressing the brain, but did not cause irreparable fragmentation of vital structures,
 - they are only lobar and cerebellar hematomas,
- **for delayed surgery** – for smaller hematomas that do not pose an acute threat of compression.

Hematomas in the thalamus, medial type of bleeding in the basal ganglia (putaminal hematomas) are contraindicated. The lateral type of bleeding into the basal ganglia (without progression to the internal capsule) is sometimes operated on. The decision to operate on a hematoma is always individual. The operation – evacuation of the hematoma – is performed from a craniotomy and cerebrotomy under direct visual control. The goal is decompression, i.e. resolution of intracranial hypertension. The results of the operation are often unsatisfactory, survivors often have a large neurological deficit.

Links

Related articles

- Intracerebral hemorrhage

Reference

- BENEŠ, Jiří. *Studijní materiály* [online]. ©2007. [cit. 2010]. <<http://www.jirben.wz.cz/>>.

References

- ZEMAN, Miroslav. *Speciální chirurgie*. 2. edition. Galén, 2004. 575 pp. ISBN 80-7262-260-9.

