

# Primary intracerebral haematoma evacuation through external ventricular drainage

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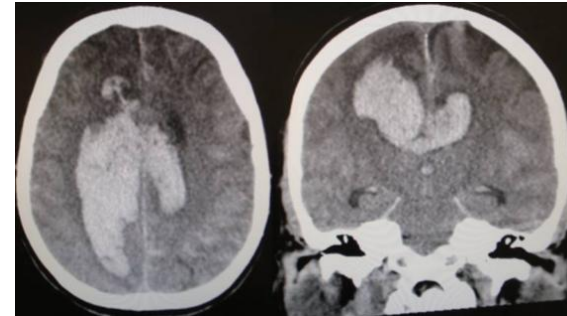
## Introduction

Spontaneous intracerebral hemorrhage is one of the most devastating types of stroke. Besides blood pressure reduction and intensive medical and surgical treatment, immediate coagulopathy reversal is vital. On the other hand, the haemostatic disturbances may occasionally contribute to improve the recovery.

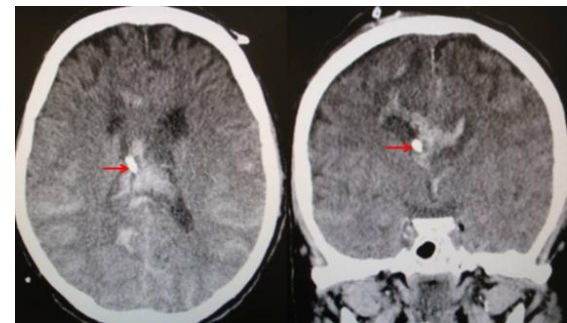
## Patient description

A 64-year old lady was admitted due to headache, nausea and progressive left sided arm and leg weakness. INR and PT were lowered to 2.08 and 0.3, respectively. The platelet count was reduced to 57, their function was entirely disturbed. CT showed an ICH with haematocephalus and cerebral oedema.

The consciousness declined and urgent intubation was necessary. The coagulopathy was corrected. Control haemostasis test were even worse. Therefore, surgery was not possible. The EVD and ICP probe were insertion. Liquefied blood and CSF, which were under pressure, were evacuated. The ICP values, initially 35mmHg, have fallen to 10mmHg and remained normal during the course of treatment. The control CT scan showed evacuated haematoma and normal ventricles with residual haematocephalus. In clinical status, a moderate left sided haemiparesis persisted, the GCS was rated at 12.



An unenhanced CT scan showing ICH with haematocephalus and developing brain shift due to cerebral oedema.



The control CT scan showing evacuated ICH and normal ventricles with residual haematocephalus. EVD is in place (arrow).

## Conclusions

The outcomes of spontaneous intracerebral haematomas are usually poor. Especially with the newer anticoagulant agents, the treatment is aggravated, as there is no effective antidote. In these cases, minimally invasive evacuation of haematoma is warranted.