



LECTURE

The medical management of intracerebral haemorrhage

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Abstract

Intracerebral haemorrhage (ICH) accounts for 10–25% of all strokes, and despite its incidence, associated disability and mortality have been decreasing in high-income countries. Nevertheless, it is associated with a high one-month mortality, which may reach up to 40%. Medical management of ICH patients in the hyperacute and acute phases is a challenge, which requires continuous monitoring and up to date therapeutic interventions, even in patients who need surgical treatment. The ABCD approach is discussed as a guideline for a systematic and quick evaluation of ICH patients in the emergency department, as it is able to address priority

concerns in these patients, namely airway management and indication for tracheal intubation, blood pressure management, neurological evaluation and reversal of antithrombotic medication. Patients with ICH should be preferentially admitted in acute stroke units or dedicated neurocritical care units, which have shown to improve mortality and disability. General management of practical issues such as timing of out-of-bed mobilization, timing of nutrition, measures for prevention of infections, deep vein thrombosis prophylaxis and epileptic seizure prevention are also discussed.

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