



LECTURE

Emergent procedures in intraparenchymal haemorrhage

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Abstract

Spontaneous intracerebral haemorrhage (ICH) accounts for greater morbidity and mortality than ischaemic stroke. Despite several clinical trials and contrary to its ischaemic counterpart, ICH emergent medical management has not seen such a huge revolution in last years. However, it is important to bear in mind all the medical management measures with proven benefit. The bigger change in recent years has been brought by the INTERACT2 trial, which proved the safety and better functional recovery of ICH patients in which systolic blood pressure was reduced to <140mmHg in the first few hours. Other trials investigated the use of haemostatic therapy rFVIIa and platelet transfusion to halt haematoma growth,

but with negative results. Nevertheless, in the subgroup of ICH patients with platelet or coagulation factors abnormalities, emergent platelet transfusion and prothrombin complex concentrate (PCC) administration is indicated; similarly, reversal of anticoagulation with vitamin K or idarucizumab is recommended for patients under vitamin K antagonists or dabigatran, respectively. Due to its higher incidence in ICH patients, seizures (either clinical or electrographic) should be sought and treated. Finally some simple general measures should be kept in mind when dealing with this patients in an emergent context, such as prevention of aspiration pneumonia and correction of glycaemic extremes.

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