



# Subarachnoid Haemorrhage

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## **Subarachnoid Haemorrhage:**

*Neurosurgical Management of Aneurysmal Subarachnoid Haemorrhage* I.A. Langmoen, Tryggve Lundar, Rune Aaslid, Hans-J. Reulen, 1999-04-19 The small neck of the aneurysm afforded an easy surgical attack. An ordinary flat silver clip was placed over the sac and tightly compressed, obliterating it completely. The clip was flush with the wall of the carotid artery. The sac, lateral to the silver clip, was then picked up with the forceps and thrombosed by the electrocautery. Walter Dandy reporting his successful operation of a posterior communicating aneurysm on March 23, 1937. Walter Dandy's patient left the hospital in good health 2 weeks later and from his report one may gain the impression that the operation was an easy task. Despite continuous developments during the following decades it was not until the introduction of the operating microscope and microsurgical techniques that surgical treatment was generally accepted. During the microsurgical era surgical results have continued to improve due to diagnostic, neuroanaesthesia, and microsurgical refinements and improved neurointensive care. Endovascular obliteration has become an important treatment alternative but this has not been included in this particular volume. The purpose of the present supplement of the ACTA NEUROCHIRURGICA is to review some of the elements in the neurosurgical management of patients with aneurysmal subarachnoid haemorrhage that are important for a successful outcome. Professor Helge Nornes has been a major force in the development of new techniques and research strategies in this area for a number of years and has recently retired from the National Hospital in Oslo.

**Subarachnoid Hemorrhage** Bryce Weir, 1998 Accurate diagnosis and appropriate management of subarachnoid hemorrhage (SAH) often presents a challenge for neurologists. The author of this volume, who is both a neurologist and a surgeon, clarifies the steps a neurologist should take when a patient is at risk of SAH, explains when surgery is advised, and helps physicians to treat patients after SAH. All of the causes of SAH, including intracranial aneurysms, are considered to provide a useful guide to case management. Historical, epidemiological, and economic medico-legal aspects are discussed, initially followed by discussions of diagnosis, pathology, physiology, and medical, surgical, and radiological therapies.

Outcomes in Subarachnoid Haemorrhage Sarah Elizabeth Nelson, Matthew Rowland, Isabel Fragata, Airton Leonardo De Oliveira Manoel, 2023-05-29 *Improving aneurysmal Subarachnoid hemorrhage management, what's new?* Massimo Del Sette, Emanuela Crobeddu, Marcello Egidi, Luca Valvassori, 2024-08-12 Aneurysmal subarachnoid hemorrhage (aSAH) still represents a significant cause of morbidity and mortality around the world and its outcome can be dramatically impacted by early and expert care. SAH treatment comprises early neurosurgical or endovascular treatment of the ruptured aneurysm, strategies to reduce further neurological injury, and managing systemic complications. In fact, management of aSAH is a multidisciplinary issue and the current state of knowledge is in rapid evolution. Nevertheless, the guidelines are not up to date. The last American aSAH guidelines were issued in 2012 and covered literature up until May 2010, and in 2013 members of the Guidelines Committee of the European Stroke Organization reviewed them from a European standpoint. Since then, considerable advances have

been made in diagnostic methods surgical and endovascular techniques and clinical management paradigms Subarachnoid hemorrhage is still a relevant health problem and although its incidence varies among populations a quarter of patients affected by aSAH die and approximately half of survivors are left with some persistent neurological deficit Taking into account the fact that the prognosis of aSAH patients is affected by multiple factors and that some of them can be influenced by therapeutic strategies and management procedures we believe that there is a need to reassess which interventions provide the greatest benefit to patients

### **Subarachnoid Haemorrhage**

M. Vermeulen, Kenneth W. Lindsay, J. Van Gijn, 1992 This text is aimed at doctors who encounter difficulties in the diagnosis of subarachnoid haemorrhage and in the neurological and systematic complications which can arise in the management of such patients

### Neuroinflammation as a Target for Intervention in Subarachnoid Hemorrhage

Fernando Testai, J. Marc Simard, 2020-01-10 Aneurysmal subarachnoid hemorrhage SAH is a stroke subtype that affects preponderantly young adults This condition carries a mortality of approximately 30 50% and a rate of permanent neurological disability of 30% In addition a substantial number of patients with an apparent good outcome suffer from residual neurocognitive impairment which though subtle prevents them from returning to work and having a normal life Based on these data it has been estimated that SAH is responsible for almost a quarter of all the years lost because of stroke The calcium channel blocker nimodipine remains the only pharmacological treatment for SAH This drug however has limited effectiveness and its use in clinical practice may be limited due to hypotension Therefore novel and effective treatments for this condition are desperately needed The outcome in SAH has been associated with early brain injury vasospasm and delayed cerebral ischemia Mechanistically these processes are characterized by micro and macro vascular dysfunction microthrombi formation blood brain barrier BBB dysregulation brain edema and neural cell survival Soon after SAH there is a robust inflammatory response characterized by pyrexia leukocytosis and upregulation of adhesion molecules and cytokines in the periphery and in the CNS Observational studies have shown that patients with more severe inflammatory responses experience worse outcomes after SAH At the molecular level different proinflammatory intracellular signaling pathways including mitogen activated protein kinase and nuclear factor kappa are activated in cerebral vessels after experimental SAH and their inhibition has been shown to decrease the occurrence of vasospasm In addition clinical and preclinical data have linked cytokine upregulation interleukins IL 1B IL 6 and IL 8 tumor necrosis factor and monocyte chemoattractant protein 1 enhanced expression of adhesion molecules selectins integrins and ICAM and neutrophil activation to vasospasm of large cerebral arteries microvascular dysregulation and cell death Moreover immune cells regulate hemostasis and secrete active proteases including matrix metalloproteinase 9 which promote microthrombosis and induce blood brain barrier dysfunction respectively In this context it has been suggested that an enhanced inflammatory burden might contribute to brain injury in SAH through numerous downstream mechanisms On the other hand growing evidence demonstrates that neuroinflammation may influence the proliferation and migration of

progenitor cells that participate of synaptic plasticity neurogenesis and neurorepair

**Cerebral Vasospasm: Neurovascular Events After Subarachnoid Hemorrhage** Mario Zuccarello,Joseph F. Clark,Gail Pyne-Geithman,Norberto Andaluz,Jed A. Hartings,Opeolu M. Adeoye,2012-08-14 The book contains 48 articles presented at the 11th International Conference on Cerebral Vasospasm held in Cincinnati Ohio USA in July 2011 This collection of papers represents a cross section of the enormous progress that has been made towards a thorough understanding and effective treatment of neurovascular events following aneurysmal subarachnoid hemorrhage including cerebral vasospasm It is of interest to clinicians who wish to apply state of the art knowledge to their management of this devastating condition and to basic scientists wishing to expand their understanding of cerebrovascular and neural pathophysiology related to subarachnoid hemorrhage

**Traumatic Subarachnoid Haemorrhage** Algirdas Kakarieka,1996-09-17 This monograph highlights the clinical significance of traumatic subarachnoid haemorrhage on CT scan after head injury a subject which has received little attention until recently The diagnosis clinical aspects prognosis and therapy are discussed for patients with traumatic subarachnoid haemorrhage

**Blood-Brain Barrier Permeability Changes after Subarachnoid Haemorrhage: An Update** Antonio F. Germano,Francesco Tomasello,2012-12-06 text

**Traumatic Subarachnoid Haemorrhage** Algirdas Kakarieka,2012-12-06 In the last few decades an abundance of publications have accumulated on the clinical implications of subarachnoid haemorrhage SAH due to aneurysmal rupture In contrast until about 6 years ago SAH due to traumatic head injury mainly if not only drew the attention of the forensic pathologist In their analysis of the data from the American Traumatic Coma Data Bank Eisenberg et al concluded in 1990 that the presence of SAH on the initial computed tomographic scan tSAH had an unfavourable effect on outcome This conclusion has since been confirmed in other series Dr Kakarieka the author of the present monograph has been fascinated by tSAH since his participation in 1989 as International Trial Coordinator of the large European Trial on the effect of nimodipine on outcome after severe injury HIT 2 This study revealed a statistically significant favourable effect in the subgroup of patients with tSAH a result which warranted a further trial on the efficacy of nimodipine administration in patients with tSAH This trial the so called German trial which was completed in 1995 not only revealed that tSAH is an important and independent factor predicting unfavourable outcome in head injury but also showed convincingly the statistically significant favourable effect of nimodipine administration in patients with tSAH

**Aneurysmal Subarachnoid Hemorrhage** Adolph L. Sahs,1981

*Subarachnoid Haemorrhage* Ram P. Sengupta,Victor L. McAllister,2012-12-06

**Management of Subarachnoid Hemorrhage** Adel E. Ahmed,Ganaw,Nissar Shaikh,Nabil A. Shallik,Marco Abraham E. Marcus,2021-11-26 This book focuses on subarachnoid hemorrhage SAH describing in detail the neurophysiology anatomy epidemiology grading anesthesia management coiling and interventional treatment of this dangerous disease Written by leading international experts it highlights the state of the art techniques for the diagnosis and treatment non surgical and surgical of SAH and the clinical variations It also examines the reliability of the new techniques versus the standard clinical

methods to predict problems related to SAH and its recent diagnosis and management The book starts with a brief discussion of the epidemiology of SAH cerebral circulation anatomy of brain blood vessels and neurophysiology related to this fatal disease Then in the following chapters it covers grading of subarachnoid hemorrhage anesthesia management of SAH treatment subarachnoid hemorrhage coiling and radiological intervention Lastly it explores surgical treatment of intracranial aneurysms in more detail and addresses complications critical care management and headache in SAH traumatic SAH and prognosis Featuring numerous images tables schema illustrations and videos the book is intended for junior and senior anesthesiologists neuroscientists intervention radiologists intensivists and neurosurgeons *Subarachnoid Hemorrhage* Joshua B. Bederson,1997 Readers of this book will find up to date presentations by experts from several medical specialities on the incidence clinical manifestations and neuropathology of Subarachnoid Hemorrhage SAH The various mechanisms of brain injury caused by SAH and detailed management strategies are presented Finally future directions are discussed

*Subarachnoid Hemorrhage in Clinical Practice* Gabriel J. E. Rinkel,Paul Greebe,2015-05-30 This pocket sized book is a quick reference practical guide for physicians who deal with patients with subarachnoid hemorrhage or intracranial aneurysms outside the hospital It describes briefly the epidemiology of subarachnoid hemorrhage the early recognition and clinical course and in more depth the aftercare residual symptoms and deficits The prognosis and management in the long term are discussed in detail It also provides information on the counselling and treatment of patients with unruptured intracranial aneurysms Subarachnoid Hemorrhage in Clinical Practice is aimed at general practitioners and family physicians and will also be informative for other specialists such as rehabilitation physicians nursing home physicians and physicians working for health insurance companies It may also be of interest to patients relatives and paramedics

**Haemostasis in Cerebrospinal Fluid** P. Hindersin,R. Heidrich,S. Endler,2013-06-29 Almost a hundred years passed from the time of the first description of an intracranial aneurysm by Morgagni in 1761 to the year 1859 when Sir William Withey Gull arrived at the conclusion that haemorrhage in the subarachnoid space is caused by ruptured aneurysms The introduction of lumbar puncture by Quincke 1891 and cerebral angiography by Moniz 1927 made it possible to establish the diagnosis of haemorrhage and its source In recent decades the problems of treatment have come into prominence first of all because of the inadequacy of conservative methods of treatment in most of the cases and from surgical experience and its limitations which became apparent before very long Because of the erratic development of neurosurgery and vascular surgery above all since the technique of microsurgery has been used the entire removal of the source of haemorrhage has become a possibility even though there were still quite different views taken regarding the most convenient time for surgical intervention apart from the prevailing local conditions 134 143 144 261 In an up to date plan of treatment of subarachnoid haemorrhage SAH conservative measures are appropriate for bridging the pre operative period and must be considered the only solution in those cases in which the source of haemorrhage cannot be found As far as the effectiveness of such conservative therapy is

concerned the rate of re bleeding and the mortality provide sufficient comment [Intracranial aneurysm and subarachnoid haemorrhage \(SAH\)](#) Sics Editore, 2014-10-01 Subarachnoid haemorrhage SAH should be suspected however slight the symptoms and the diagnosis confirmed with an urgent CT scan. The patient should be transferred without delay to a neurosurgical unit for cerebral angiography accompanied by an escort with sufficient skills in emergency medical care. A ruptured intracranial aneurysm must be closed microsurgical clipping or an endovascular approach during the acute phase to prevent rebleeding. The patient should be admitted to a neurointensive care unit at an appropriate hospital with a neurosurgical unit. Rehabilitation is the responsibility of the neurological unit as is the work capacity assessment. Unruptured aneurysms should be closed to prevent late bleeds. Screening for aneurysm carriers should be performed in known aneurysm families. Health counselling should be provided concerning the most important risk factors smoking hypertension family history of aneurysms [Subarachnoid Hemorrhage](#) Robert D. Martin, Warren Boling, Gang Chen, John H. Zhang, 2019-08-12. This book highlights the latest developments in acute and delayed neurovascular injury studies including delayed cerebral vasospasm early brain injury micro circulation compromise spreading cortical depolarization neuroinflammation and long term cognitive dysfunctions after subarachnoid hemorrhage. About 32 chapters cover original presentations from the 14th international conference on neurovascular events after subarachnoid hemorrhage held in Los Angeles in October 2017. Neurosurgeons neurologists and neuro ICU practitioners discuss clinical observations new pilot treatments clinical trials academic and industrial interactions including surgical and endovascular approaches brain injury monitoring new developments in brain imaging ICU management early brain injury scales and management counter cortical depolarization management and anti inflammation management. In addition animal models used to study acute and delayed neurovascular events the basic mechanisms of vascular neuronal and CSF physiology new experimental treatment strategies new frontiers in the treatment of neurovascular injuries and new research directions are discussed

### **[The Journal of Mental Science](#)**

, 1949 **[Neuropsychological Sequelae of Subarachnoid Hemorrhage and its Treatment](#)** B.O. Hütter, 2000-08-10 The first monograph dealing exclusively with the neuropsychological and psychosocial sequelae of subarachnoid hemorrhage SAH and its treatment. It provides an overview of basic treatment modalities and functional outcome after SAH with special emphasis on aneurysm surgery. In the methods section neuropsychological neuropsychiatric and capacity of daily life assessment issues in patients after SAH are reviewed and the neuroanatomical basis of the neurobehavioral abnormalities after SAH is critically discussed. Furthermore the frequently overseen aspects of psychological adjustment including quality of life after SAH the hemorrhage as a psychological trauma and rehabilitational issues are met in this book

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