

(A Health Awareness Initiative)

NEURO NEWSLINE

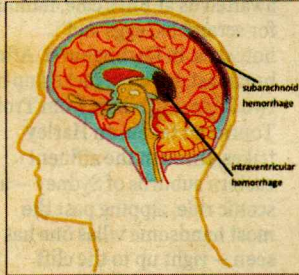
BRAIN HEMORRHAGES ! APOPLEXY ?

'Apoplexy' is a Greek word meaning "struck with violence as if by a thunder storm". Hemorrhages (also termed as - apoplexy) are abrupt in onset and is devastating, leading to sudden loss of senses and paralysis of the human body.

Uncontrolled hypertension is the most common cause of brain hemorrhage. Its incidence is almost 50 % of all bleeds that occur inside the brain. The other cause for a cerebral bleed is from a congenital vascular anomaly viz, from an Aneurysm or from an Arteriovenous malformation. The less common occurrence are due to bleeding disorders, brain tumour bleed, drug induced and stroke-related hemorrhages.

In general the symptoms are very abrupt with alteration

in the level of consciousness leading to coma with or without paralysis of the body, and sometimes leading to death. On the other hand, there may be only headache with or



without vomiting and with minimal focal deficits. This occurs when the hemorrhage is small in size. Some people can experience focal or generalised seizures due to a bleed in the brain.

If one gets symptomatic, he or she must seek immediate medical assistance. A CT Scan or an MRI is the basic investigation one needs to undergo. Depending on what the CT or MRI show, the treatment whether

medical or surgical follows. Some patients do need a 'Cerebral Angiography' if the treating physician or surgeon thinks in terms of a ruptured vascular malformation or an aneurysm as a cause for the bleed. Based on the seriousness of the clinical condition, the patient will have to be monitored in the Neuro Intensive Care with back facilities for artificial ventilation and Intracranial Pressure Monitoring.

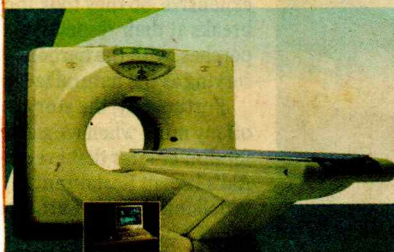
Apart from the medical treatment, surgery to evacuate the hematoma may be required to save the patient's life. In aneurysmal rupture, a patient may have to undergo emergency 'clipping' or 'coiling' of the aneurysm.

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The ultimate recovery and prognosis depends on how early the patient arrives to the tertiary care hospital and his clinical condition at admission. Early diagnosis and treatment with appropriate diagnostic tools and surgical gadgets brings in the best outcome. The very elderly patient and poor clinical condition at admission are bad indicators of outcome. The reverse is true for a good prognosis.

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