

# Hjerneblødning på Stroke Centeret!

## Billeddiagnostik



17. juni, 2016

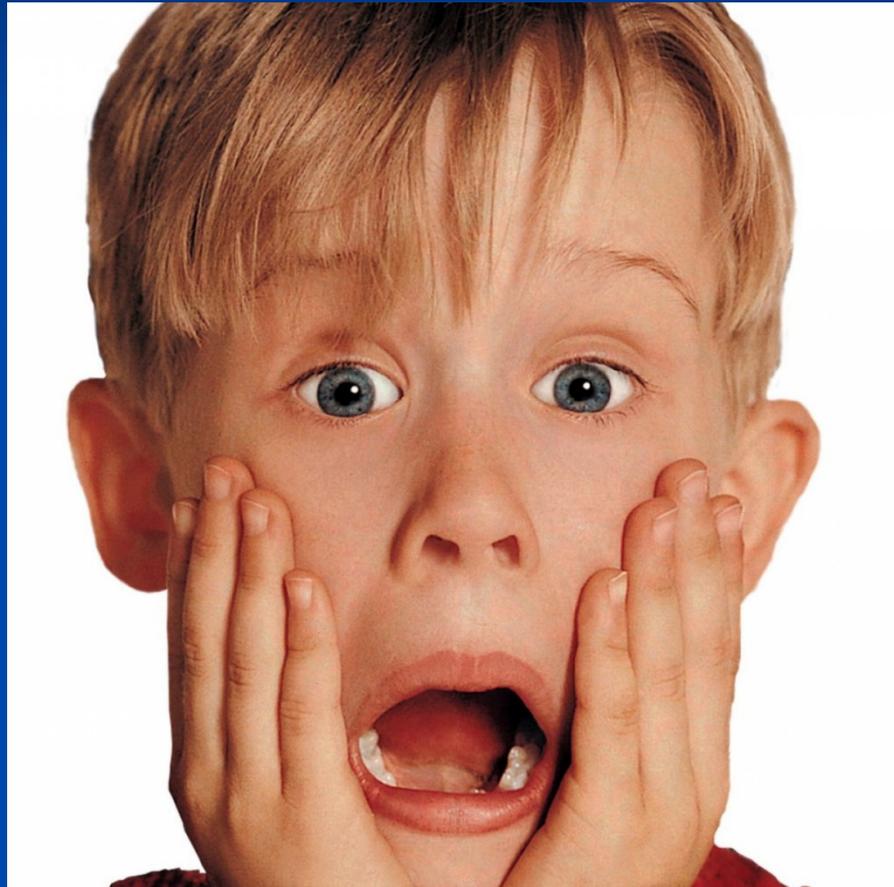
# Apopleksi, stroke, slagtilfælde



# ....taler for blødning:

- Højt BT
- Ændret bevidstheds niveau
- Opkastning
- Kramper
- Progression

Patienten har en blødning...

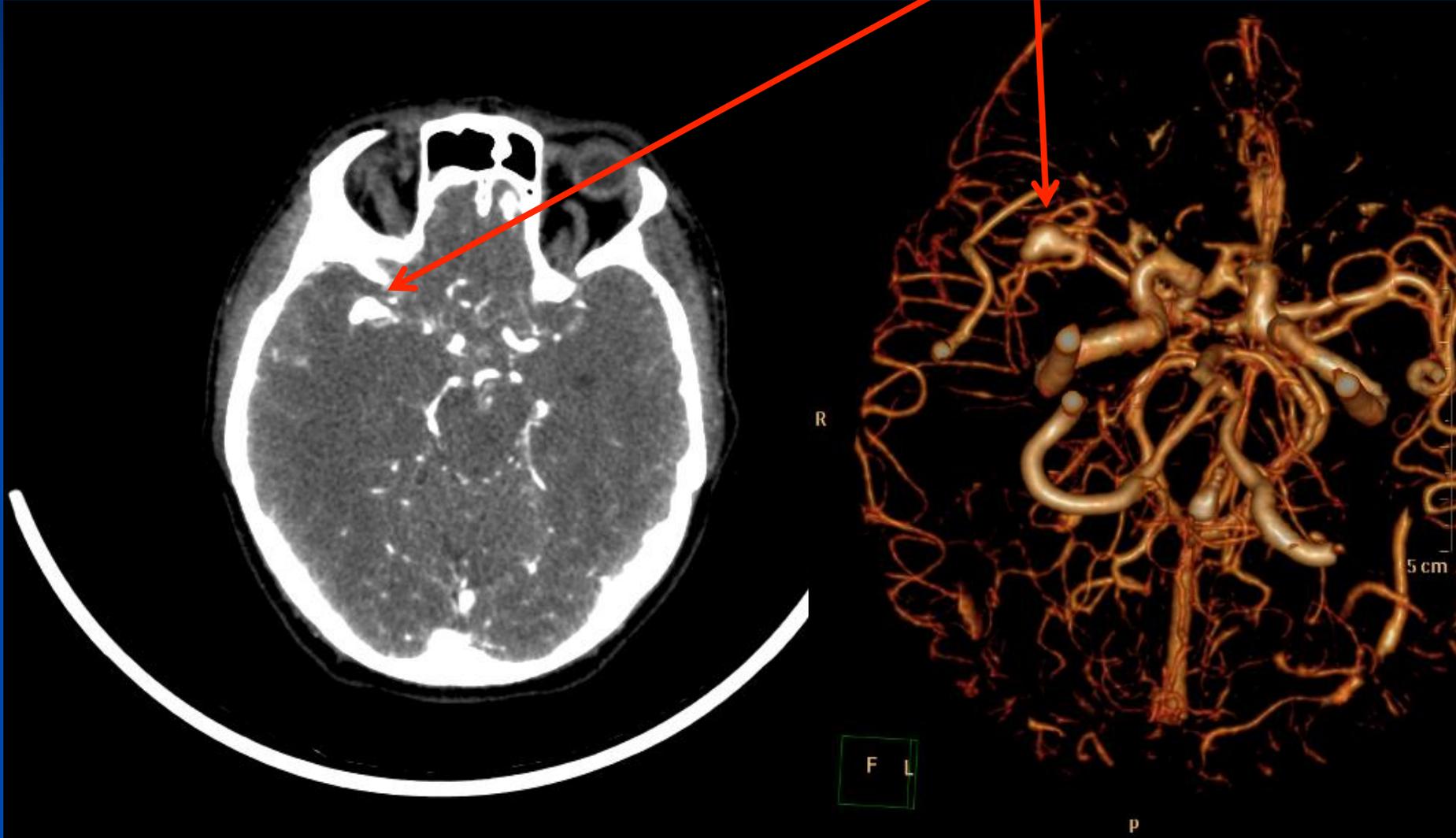


- Diagnose
- Behandling
- Prognose

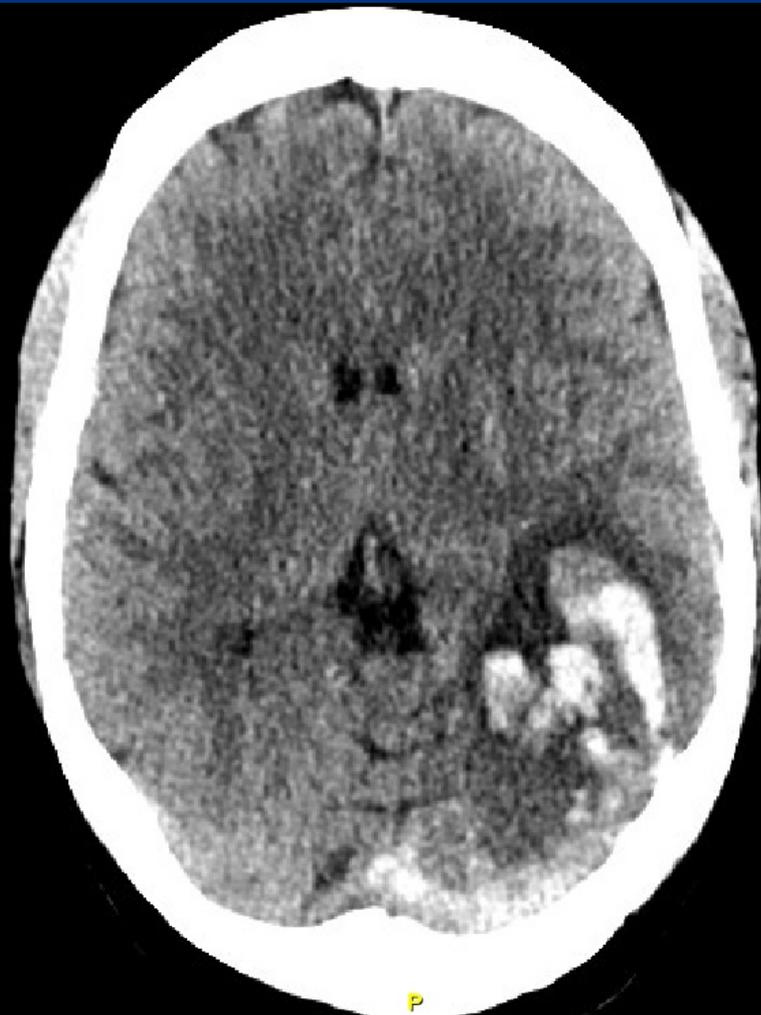
Ve. sidig hemiparese. Modtages  
som trombololyse pt.



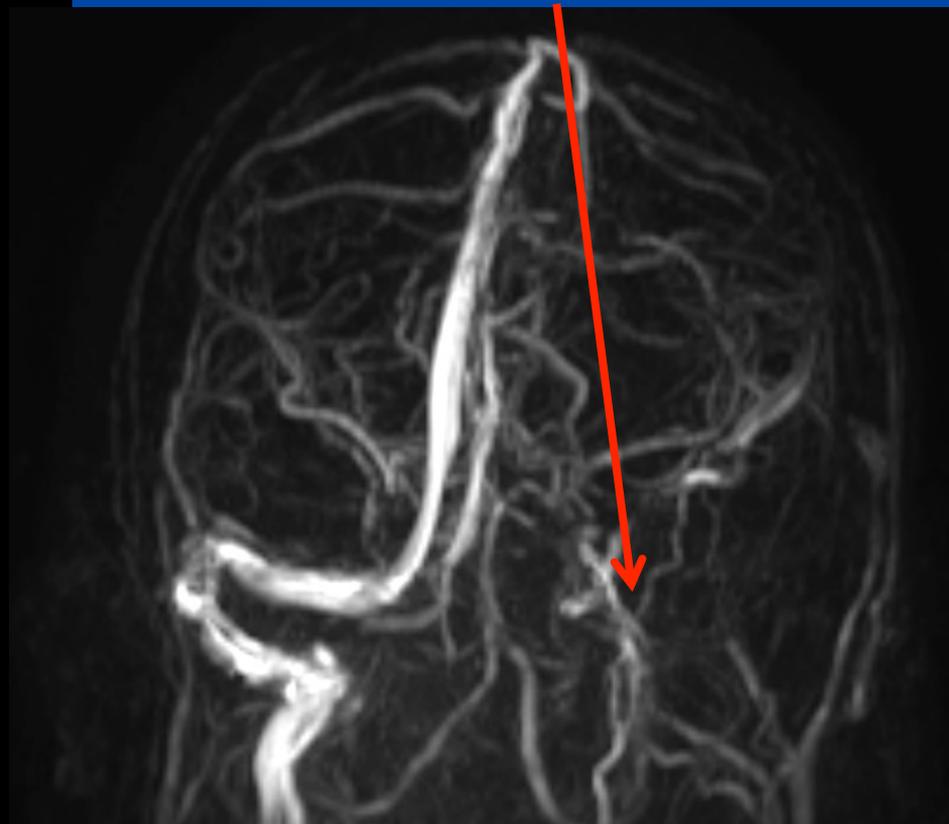
# CT angio med aneurisme



50 årig kvinde, tidl. c. mamma  
Progredierende hovedpine og afasi

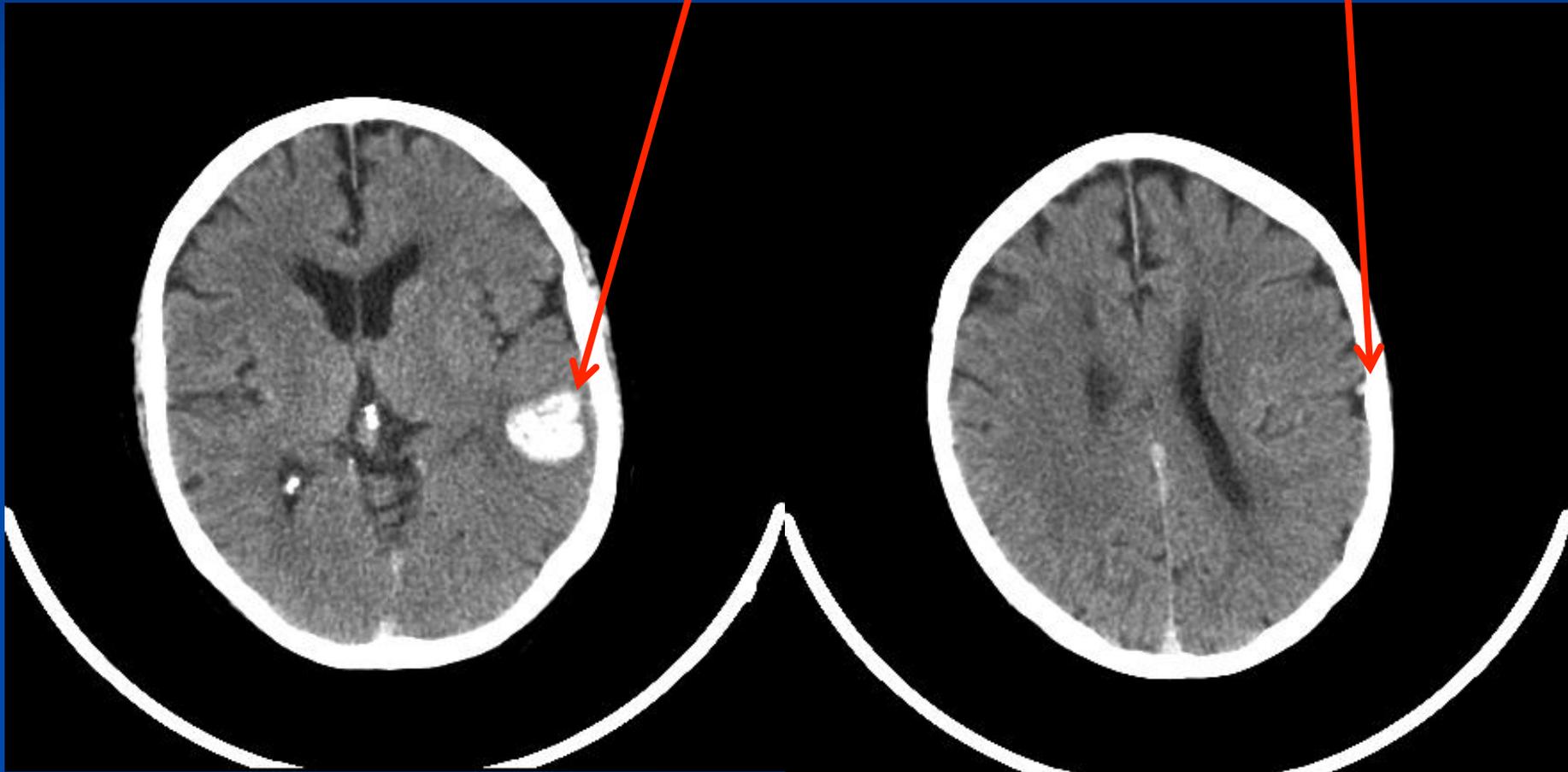


MR venøs angio:  
Sinustrombose

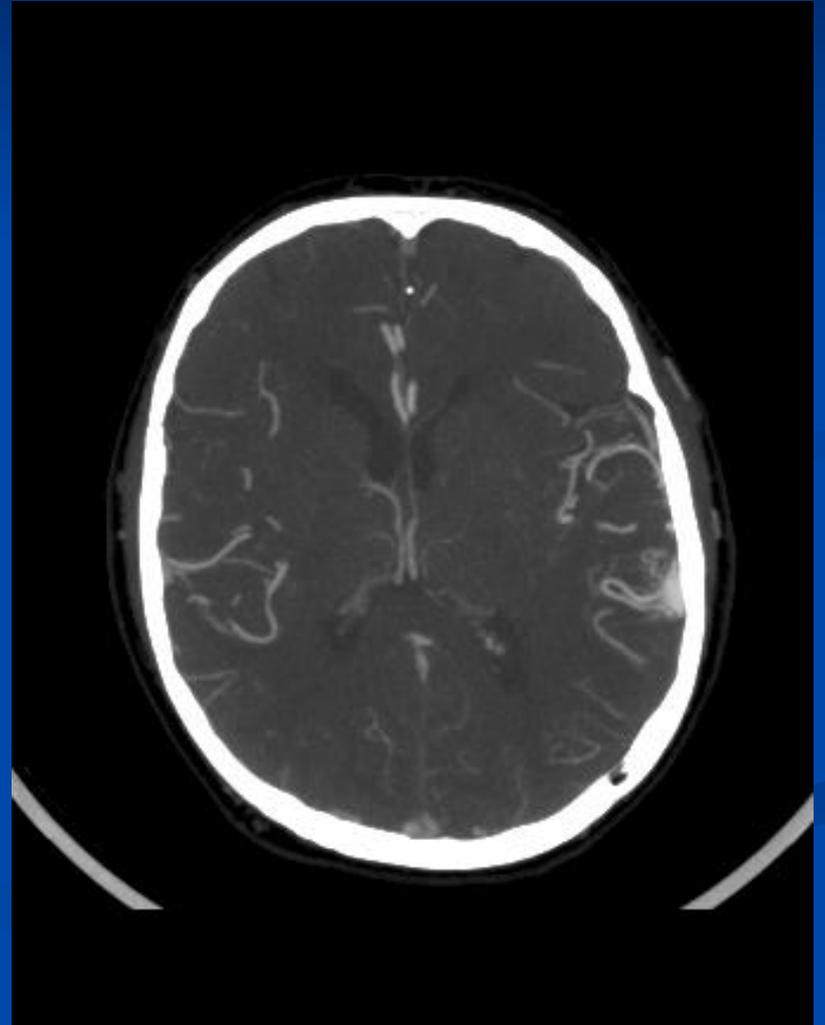
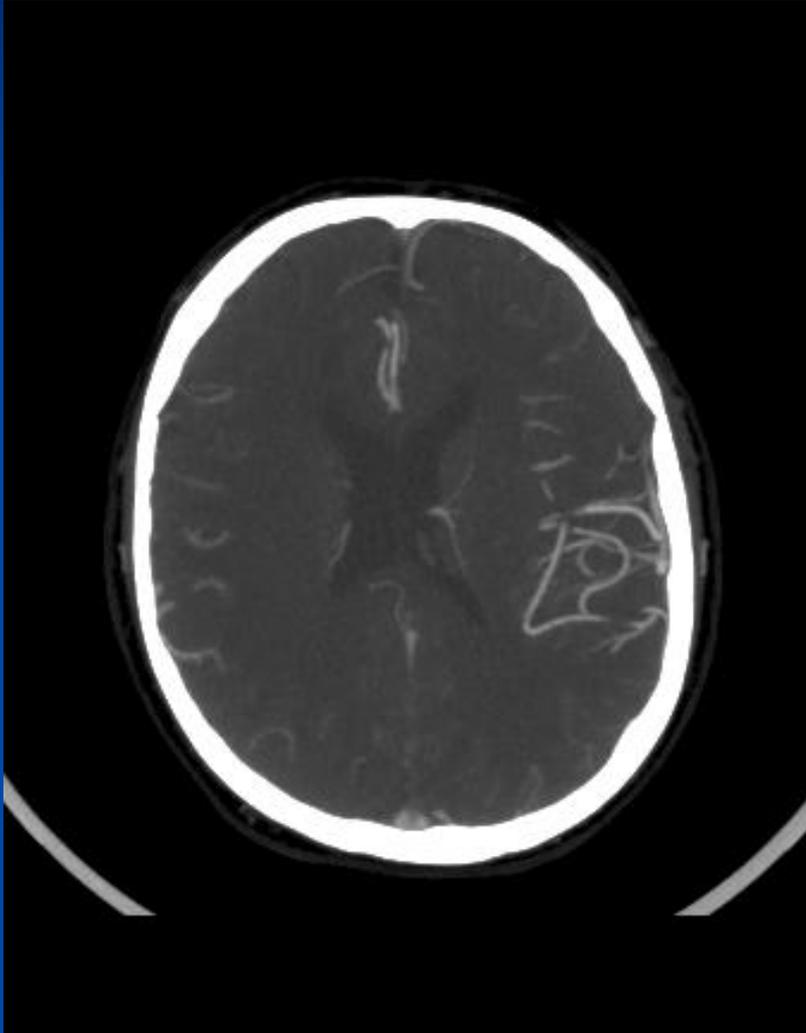


61 årig mand. Pludselig impressiv afasi.  
Atypisk beliggenhed

Dilateret  
kar



# CT angio med AVM



# Årsager til spontan ICH...

## ■ Vaskulære årsager

- Aneurismer
- AVM
- Sinustrombose
- Cavernomer
- DAVF

## ■ ” Helt spontan”

- Hypertensiv ICH (~70%)
- CAA (~15%)

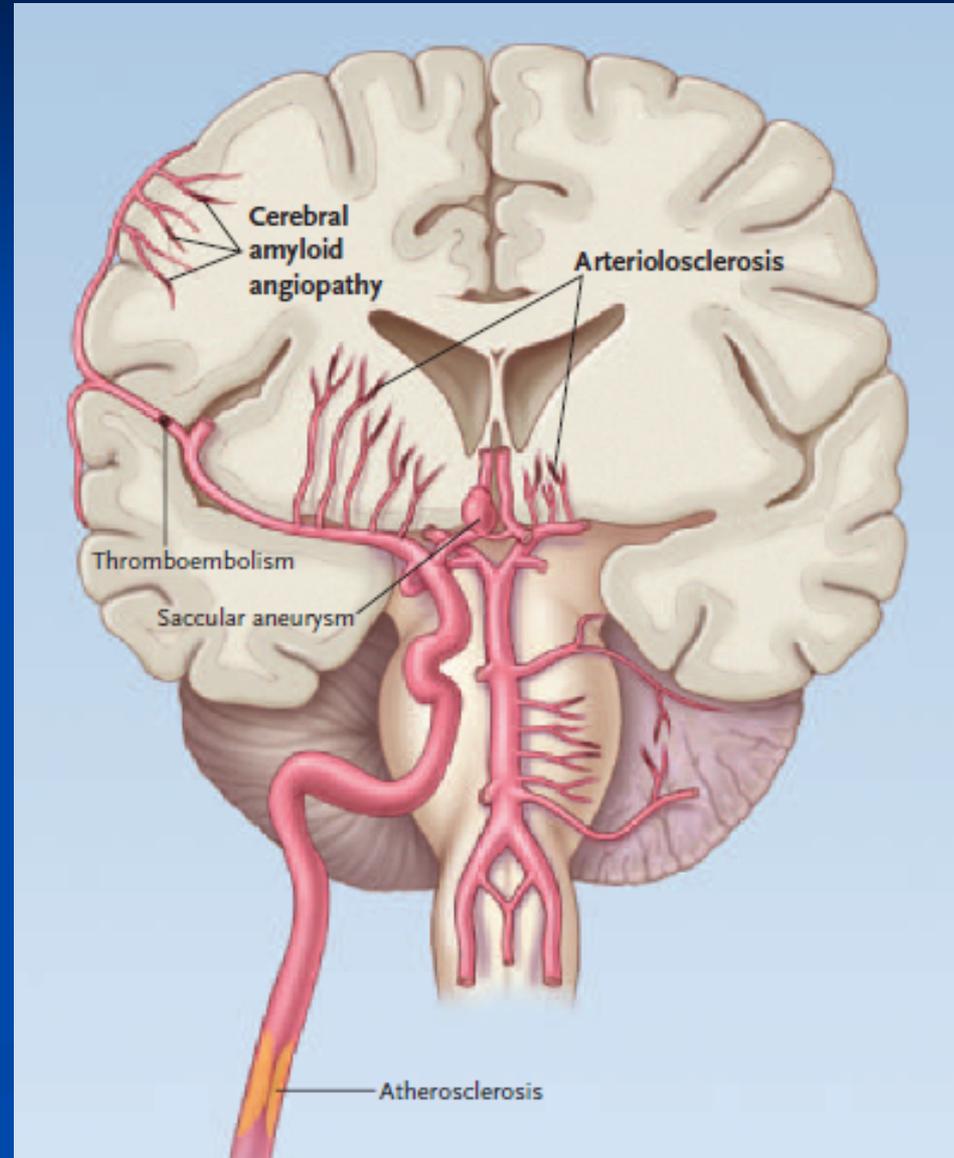
# Beliggenhed, beliggenhed...

## ■ Hypertension:

- Basal ganglia
- Thalamus
- Pons
- Cerebellum

## ■ CAA:

- Lobært (cortical/  
subcortical)
- oftest occipetal



# Cerebral Microbleeds (CMB)

- Afspejler ”macrobleeds”
- Sorte på T2\* vægtet MR scanning
- Runde/ovoide
- ”Blooming” effect
- Ikke hyperintens på T2/T1. (Cavernom/melanom)
- Udeluk ”mimics”
- Ikke-traume relateret
- En risiko for blødning...

# Cerebral microbleeds are a risk factor for warfarin-related intracerebral hemorrhage

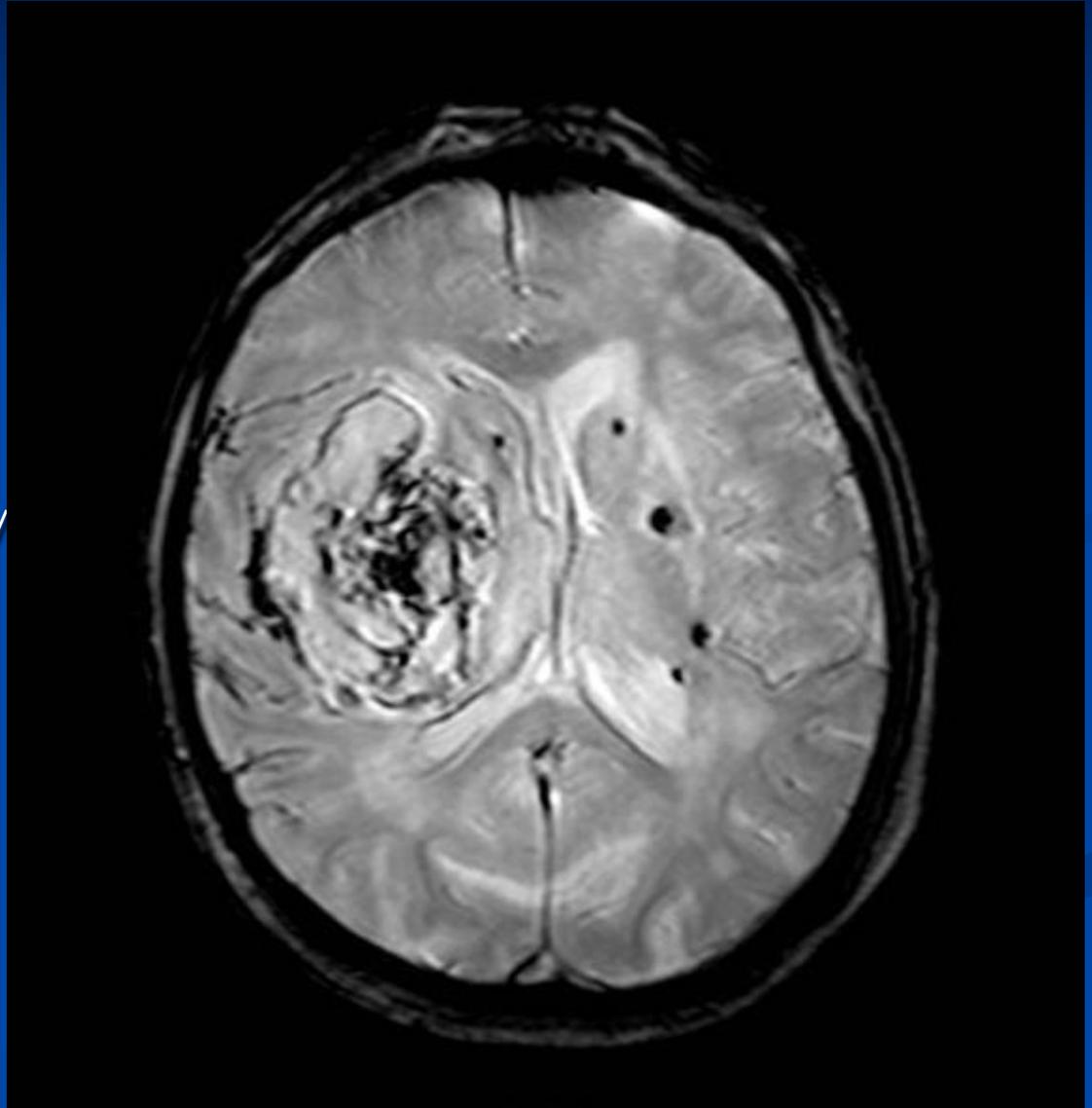
Neurology 2009;72:171-6

- 24 patienter med ICH på Warfarin
- 48 matchede kontroller på Warfarin

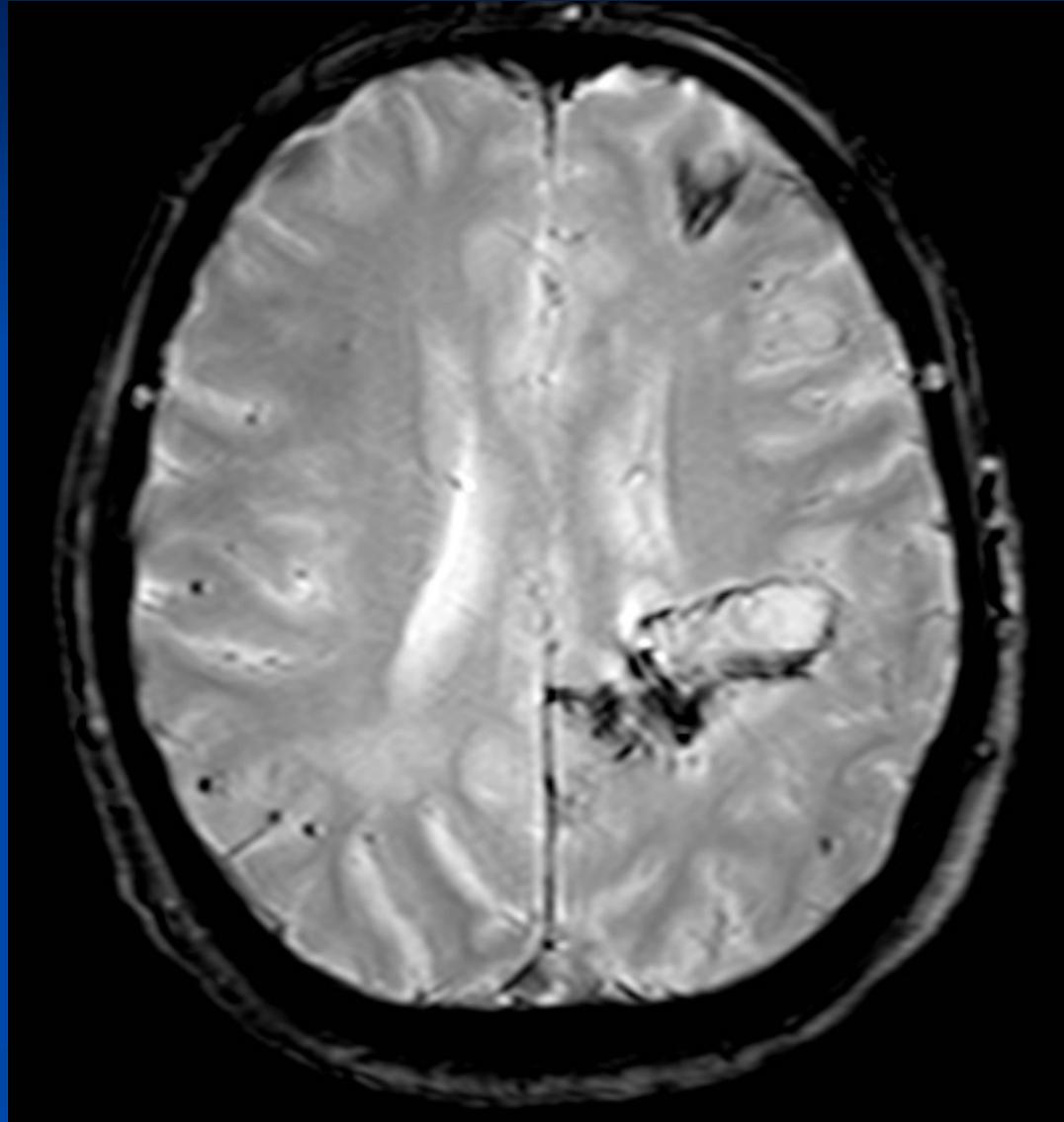
**Table 2** Radiologic findings

Variables	ICH cases (n = 24)	Controls (n = 48)	p Value
Presence of microbleeds	19 (79.2%)	11 (22.9%)	<0.001
No. of microbleeds	9.0 ± 26.8	0.5 ± 1.03	<0.001*

- Hypertensiv ICH
- Basal ganglier, thalamus, pons
- Alder: 50-60 år
- Re-blødning: 1-2%/år



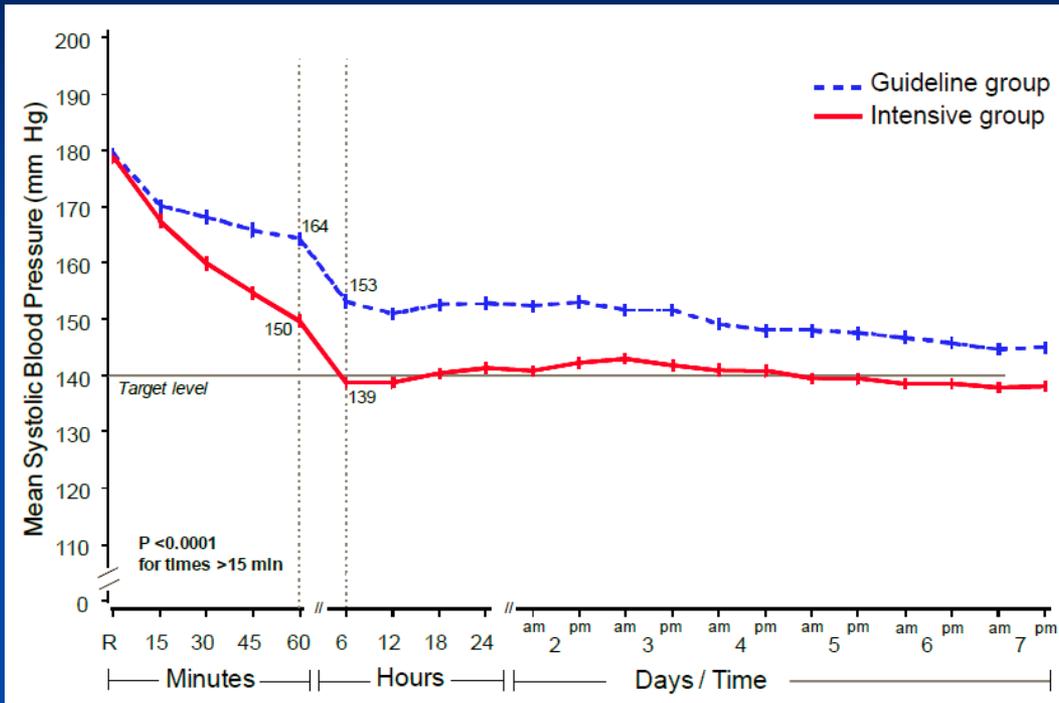
- Cerebral amyloid angiopati
- Lobær, subcortical
- Alder: >70 år
- Re-blødnings risiko: 4-6%/år



# Behandling

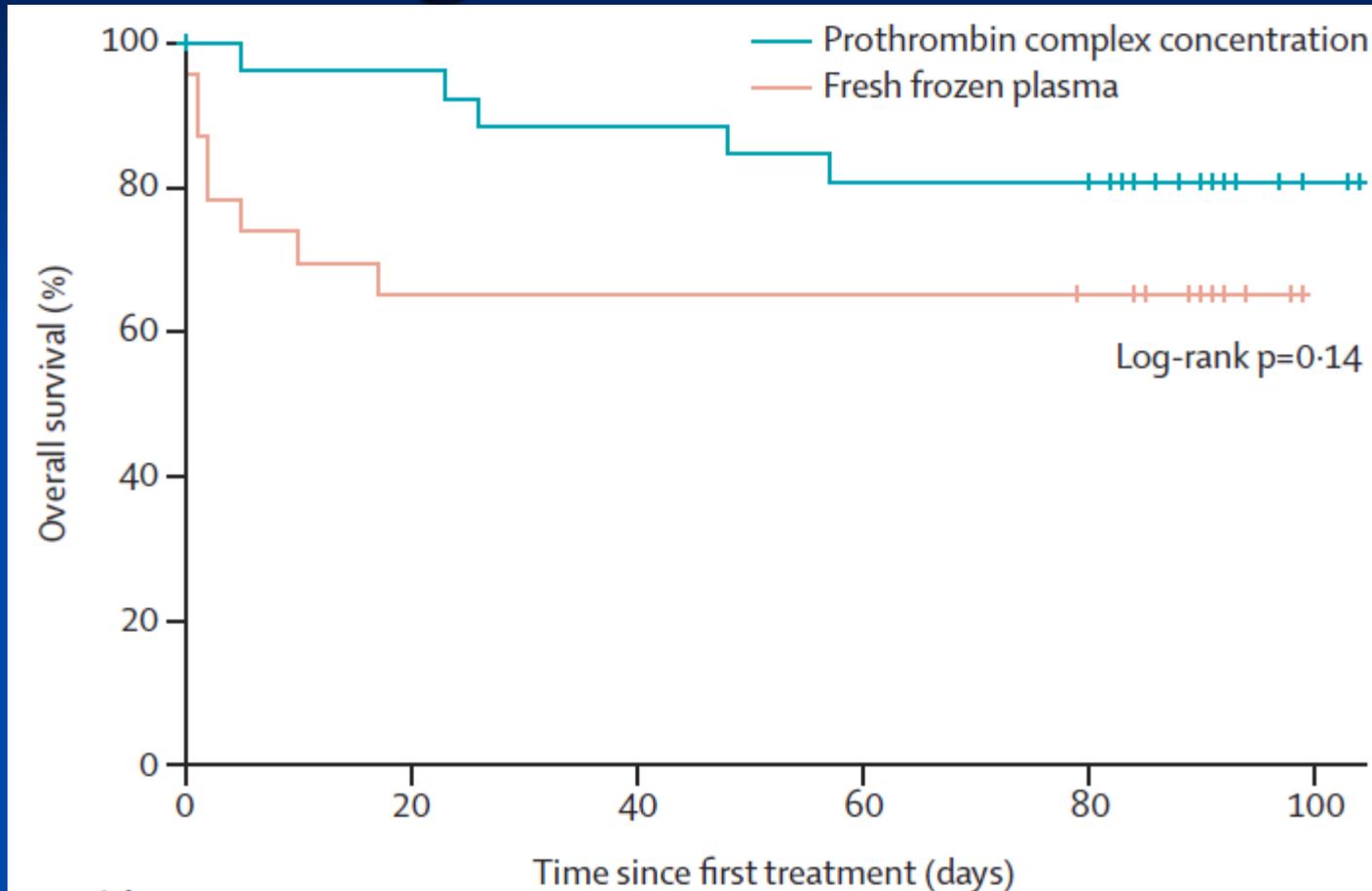


# Akut BT sænkning ved ICH



NEJM 2013;368:2355-65

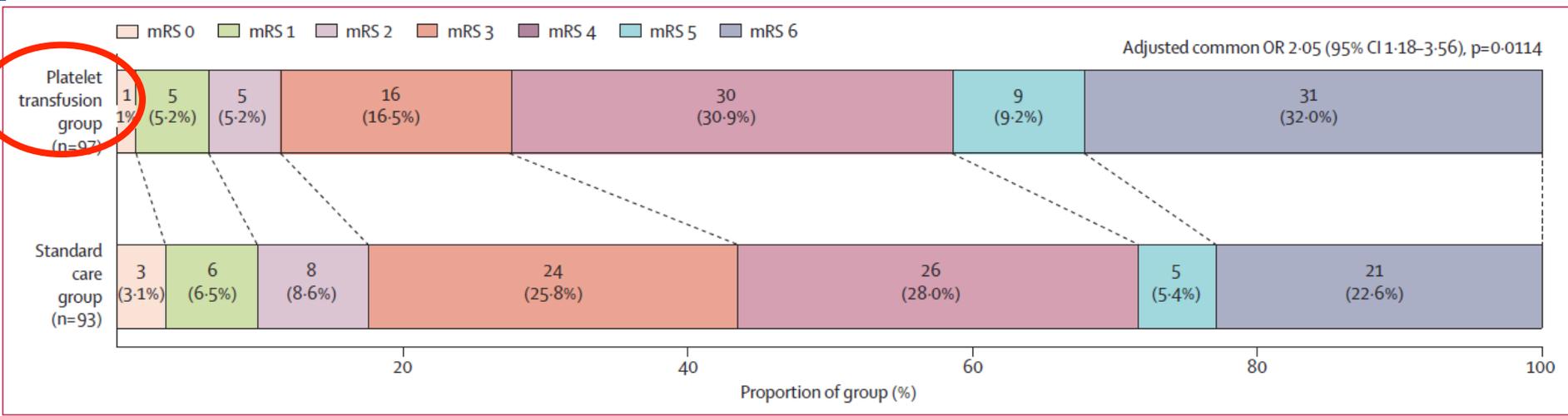
# Revertering af marevan ved ICH



# Reverting af pladehæmmere?

Platelet transfusion versus standard care after acute stroke due to spontaneous cerebral haemorrhage associated with antiplatelet therapy (PATCH): a randomised, open-label, phase 3 trial

M Irem Baharoglu\*, Charlotte Cordonnier\*, Rustam Al-Shahi Salman\*, Koen de Gans, Maria M Koopman, Anneke Brand, Charles B Majoie, Ludo F Beenen, Henk A Marquering, Marinus Vermeulen, Paul J Nederkoorn, Rob J de Haan, Yvo B Roos, for the PATCH Investigators†



**Interpretation** Platelet transfusion seems inferior to standard care for people taking antiplatelet therapy before intracerebral haemorrhage. Platelet transfusion cannot be recommended for this indication in clinical practice.

# Prognose..

- Alder
- Størrelse
- Lav GCS
- IVH
- Lokalisation (dyb værre end lobær)

# Størrelse

- Eksempel:
- ABC/2 regel
- 8cm x 5 cm x 7 cm  
(14 snit) /2 = 140 ml
  
- Lille: <30ml
- Mellem: 30-60ml
- Stor: >60ml



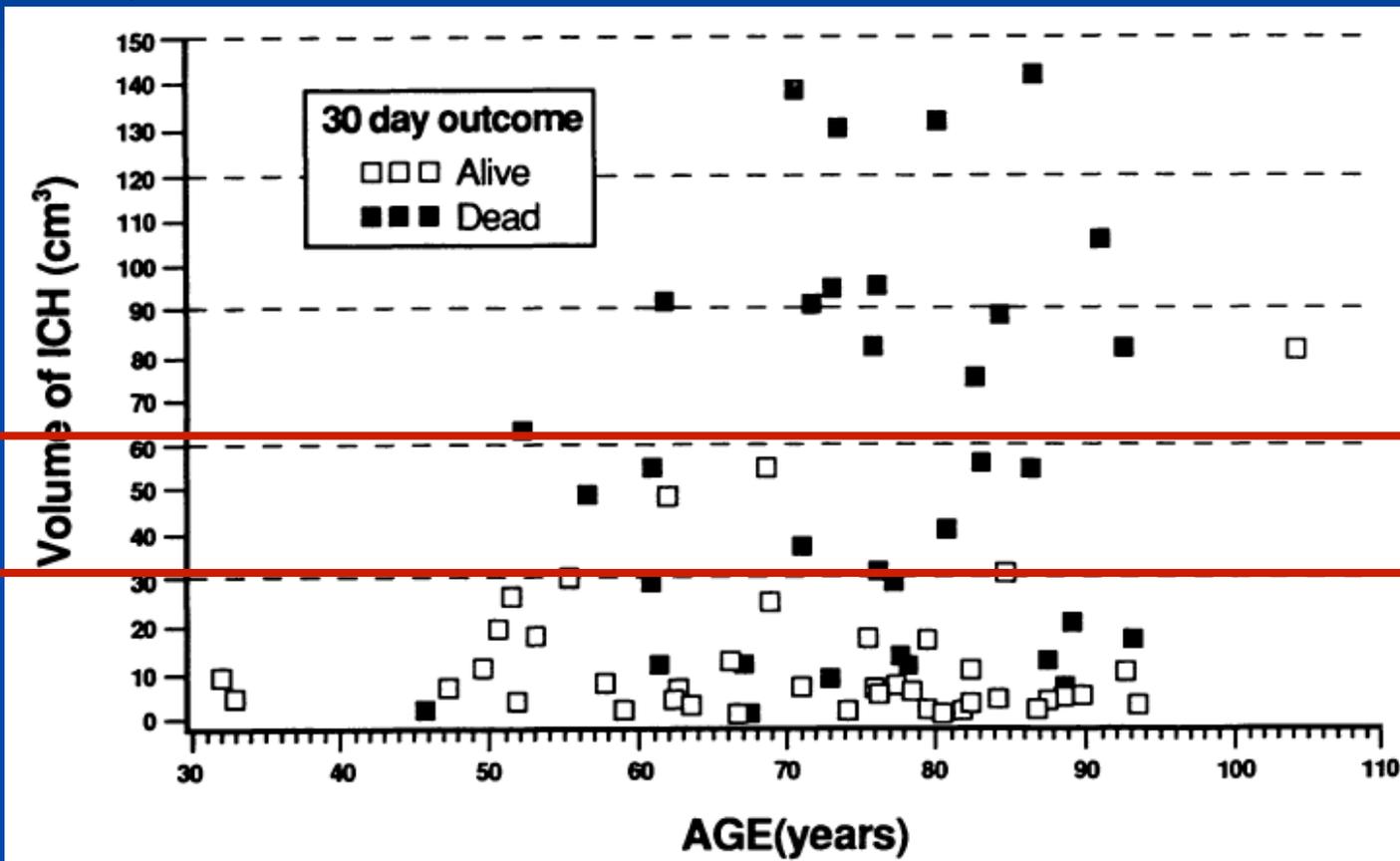
# Volume of Intracerebral Hemorrhage

## A Powerful and Easy-to-Use Predictor of 30-Day Mortality

Joseph P. Broderick, MD; Thomas G. Brott, MD; John E. Duldner, MD;  
Thomas Tomsick, MD; Gertrude Huster, MHS

Dyb ICH

Stroke 1993;24:987-993



# FUNC score

- <https://www2.massgeneral.org/stopstroke/funcCalculator.aspx>

**Calculate FUNC Score**

ICH volume (cc)

Age (yrs)

ICH Location

GCS

Pre-ICH Cognitive Impairment

FUNC Score Calculator	
<b>FUNC Score</b>	6
<b>Entire Cohort</b>	13% functionally independent after 90 days
<b>Survivors Only</b>	29% functionally independent after 90 days

# ICH score:

## ■ GCS

- 3-4: 2 point
- 5-12: 1 point

## ■ ICH volume

- >30 ml: 1 point

## ■ IVH

- Ja: 1 point

## ■ Infratentoriel

- Ja: 1 point

## ■ Alder

- >80: 1 point

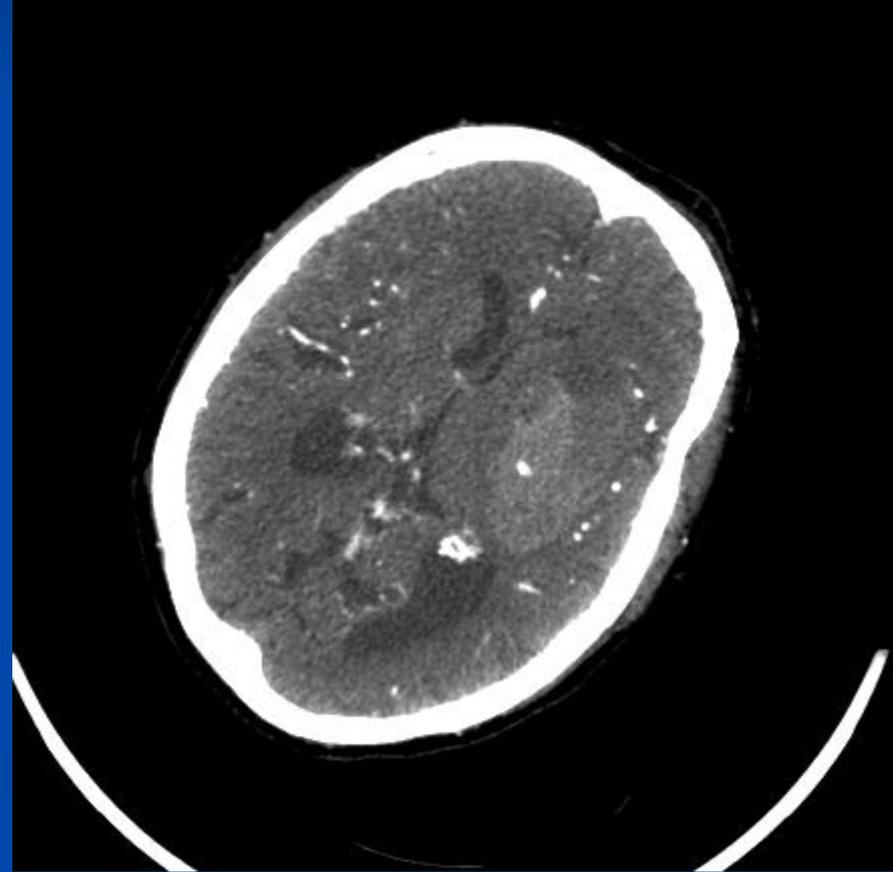
## ■ Mortalitet:

- 0 point: 0%
- 1 point: 13%
- 2 point: 26%
- 3 point: 72%
- 4 point: 97%
- 5-6 point: 100%

# Prognose

- 60 årig mand
- Hypertension, AFLI, alkohol overforbrug
- I marevan
- Pludselig hø. sidig hemiparese og afasi
- INR 2,3

# CT af cerebrum



# Prædiktorer af outcome

Variable	In-Hospital Mortality		(mRS $\geq$ 3) at 3 mo	
	OR (95% Wald CI)	P Value	OR (95% Wald CI)	P Value
Age, y	1.61 (1.10–2.38)	0.002	1.49 (1.06–2.10)	0.02
Average rate of expansion	3.69 (1.55–8.77)	0.0032	12.99 (2.68–62.5)	0.0015
Spot sign score	4.1 (2.11–7.94)	<0.0001	3 (1.4–4.42)	0.004
IVH	4.89 (1.74–13.33)	0.002	4.89 (1.74–13.33)	0.002
Glucose >170	0.487 (0.08–2.68)	0.40	0.739 (0.18–2.91)	0.66
Anticoagulation	1.99 (0.46–8.55)	0.35	1.51 (0.41–5.62)	0.53
Hypertension	1.405 (0.19–10.30)	0.73	2.022 (0.42–9.62)	0.37
Admissions ICH volume		0.0002		0.002
<30 mL	1		4.89 (1.74–13.33)	
30–60 mL	3.5 (3.21–3.8)		1	
>60 mL	15.68 (4.18–58.89)		1.05 (0.93–1.18)	

131 ptt, 24% with spot sign.

Stroke 2013;44:3097-3102

# Prognostiske markører

- Alder
- Størrelse/GCS
- ”Spot sign”
- IVH
- Microbleeds

Tak