



## Emergency Minimally Invasive Surgery for Spontaneous Intracerebral Haemorrhage

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### Clinical Image

To summarize our experience with the surgical treatment of Spontan Intracranial Hematomas (SICH) and emphasize the surgical approach. Alert patients with small (<2 cm) haematomas and moribund patients with extensive haemorrhage may not require surgical evacuation. Current practice surgical indication: superficial haemorrhage, clot volume between 20 ml to 80 ml, worsening neurological status, haemorrhage causing midline shift, cerebellar haematomas >3 cm or causing hydrocephalus. More than 50% of patients die and half of the survivors are left severely disabled with significant personal, social and health service costs. This study was undertaken to underline the importance of management and propose a surgical approach for primary supratentorial haemorrhage. We analyzed the clinical data of 4 patients with SICHs who were treated at the Our Clinic. Between October 2013 and January 2015, including age, gender, diagnosis, treatment, and outcomes. Patients presenting with primary supratentorial haemorrhage fulfilling inclusion criteria are included in the study. Decompression craniotomy as minimally invasive; without retractor, with microscopic surgical approach done in all the patients. Mean age of presentation was 51.2 years, ranging from 34 years to 71 years. Of the patients, 75% (3) were women, and 25% (1) were men. Three patients with GCS >7 whereas only one patients with Glasgow Coma Scale (GCS) ≤ 7. Three patients with Intracranial Haemorrhage (ICH) in Left side temporo-parietal, in basal ganglia with cortical extension. One's in Left side fronto-temporal lobe. CT showing the lobar hemorrhage on admission and post operative (Figure 1 and 2). One elderly patient was ex. 2 patient was good outcome surgery, no neurological deficit, 1 patient was minimally motor deficit. Emergency Decompression craniotomy as minimally invasive; without retractor, microscopic evacuation of the hematoma could be a feasible option in between 40 ml to 80 ml of Primary SICH. Midline shift of 5 mm or more might be a poor prognostic factor.

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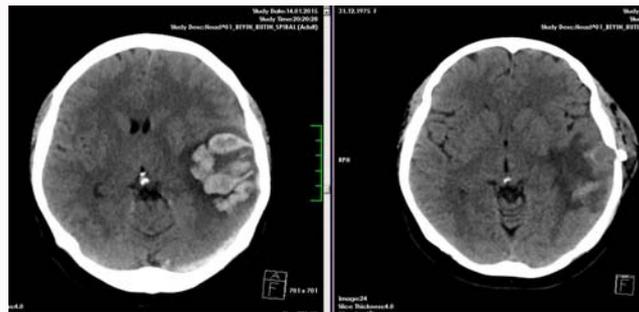


Figure 1: CT showing the lobar hemorrhage on preoperative and postoperative of first patient.

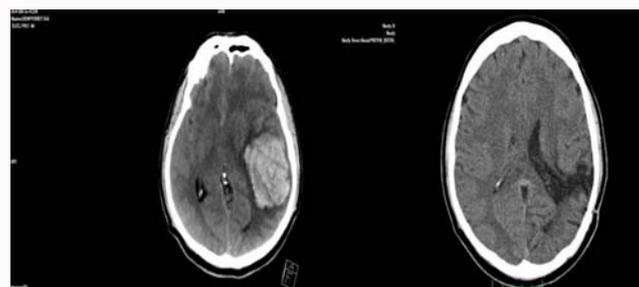


Figure 2: CT showing the lobar hemorrhage on preoperative and postoperative of second patient.