Simultaneous thalamic and cerebellar hypertensive haemorrhages

Sir,

Hypertensive intracranial haemorrhages are generally located in defined sites and have a relatively typical pattern of extension. We report an unusual case where there were...
simultaneous spontaneous thalamic and cerebellar haemorrhages in a patient with known hypertension. Presence of two discrete and unconnected clots is rare in hypertensive bleeds and only isolated cases have been recorded in the literature.[1] A 60-year-old male, a known hypertensive on irregular drug treatment, was admitted with sudden onset giddiness, left hemiplegia and transient unconsciousness. When admitted, 28 hours after the ictus, his blood pressure was 170/100; he was in a drowsy clinical state, obeyed only very simple commands and had dense left sided spastic hemiplegia. Computerized Tomography of the brain demonstrated relatively large intracranial hemorrhages in the right thalamus and left cerebellum [Figure 1A and B]. There was intraventricular extension. The haemorrhages in the thalamus and in the cerebellum were not connected with each other. The cerebellar hematoma was evacuated by a suboccipital craniectomy. The patient was neurologically stable following the operative procedure. However, on second postoperative day he became unconscious and developed tachypnoea. Postoperative scan confirmed evacuation of the cerebellar clot. The patient expired on the fourth postoperative day.

The simultaneous occurrence of intracranial hemorrhages in different arterial territories is a rare clinical entity.[3] Multiple intracranial haemorrhages are rarely associated with cerebral amyloid angiopathy, venous sinus thrombosis, coagulopathy oral anticoagulant therapy, vasculitis, hemorrhagic transformation of cerebral infarcts and in the presence of multiple intracranial pathologies such as vascular anomalies or tumours. The incidence of multiple hypertensive haematomas has been reported to vary between 1% to 2.8% of spontaneous intracerebral hematomas.[1,3,4] In the reported cases with multiple intracranial hypertensive haemorrhages it appears that the duration of hypertension was relatively more, there was an increased incidence of previous strokes and there was a higher incidence of presence of hypercholesterolemia.[2] Exact aetiogenesis of hypertensive haemorrhage in multiple sites is unclear, but could be related to generally known causes of haemorrhage. The sustained hypertension during a cerebral hemorrhage could trigger another bleeding owing to acute vascular changes in the penetrating arteries, affecting previously injured intima and media layers.[3] The outcome of most of the reported patients with haemorrhage at multiple sites has been poor.[3]

The surgical treatment of these haematomas is determined by the location and size of the hematoma. Although the indication for surgery in cases with putaminal and thalamic haemorrhages remains controversial, most reviews have suggested an aggressive surgical approach in cases with cerebellar haemorrhage.[4-7] Need for evacuation of the cerebellar clot in such a situation could be controversial.

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References


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