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RESEARCH ARTICLE

CLINICAL SPECTRUM OF CEREBRAL HAEMORRHAGE AND SUB ARACHNOID
HAEMORRHAGE IN A TERTIARY LEVEL HOSPITAL IN KASHMIR

Muneer Bhat¹, GH Yattoo² and Ashfaq ul Hassan*³

^{1,2}Hospital Administration, SKIMS Soura

³Department of Anatomy SKIMS Medical College Srinagar

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ABSTRACT

It has been noted that the incidence of Cerebrovascular accidents is on the rise globally and Kashmir is no exception. Multiple factors are implicated for the same. Keeping in view the importance of the department, a proper referral system to the Neurology Department a lot of patients with cerebrovascular accidents are ultimately treated here

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INTRODUCTION

The institute of SKIMS Soura is the most premier institute of the state of Jammu and Kashmir in India. The Department of Neurology and Neurosurgery is one of the best Tertiary care units in the Kashmir and almost all cases are reported to the Department for specialised treatment. The Department provides Ambulatory medical care general health care and, specialised health care to a large population.

Cerebral hemorrhage is caused by rupture of the anterior, middle or posterior cerebral arteries. Mostly it seems to be a result of thin-walled lenticulostriate artery, a branch of the middle cerebral artery, producing hemiplegia (paralysis of one side of the body) or pons. These hemorrhages follow bleeding from the small perforating arteries of the brain such as the thalamoperforating, lenticulostriate, or midline perforating basilar artery branches. Although these arteries can usually withstand high pressures, when subjected to long-standing hypertension, their walls undergo fibrinoid necrosis, and miliary microaneurysms known as Charcot-Bouchard aneurysms appear.

It has been observed that the Hypertensive hemorrhages most frequently originate in the putamen. Patients harboring a hematoma in the putamen typically experience a rapidly progressive hemiparesis, hemisensory loss, and hemianopsia contralateral to the hemorrhage. If the hemorrhage involves the dominant hemisphere, aphasia is usually present. Patients suffering a thalamic hemorrhage usually manifest a hemisensory loss greater than their motor deficit. Small reactive pupils and downward eye deviation characteristically occur with this lesion.

Pontine hypertensive hemorrhages demonstrate small pupils, bilateral pyramidal signs, and a rapid loss of consciousness. In nonfatal cases, patients may complain of headache, vertigo, and transient visual hallucinations and demonstrate bilateral pyramidal dysfunction and various abnormalities of conjugate eye movements.

Cerebellar hemorrhage characteristically presents with headache, dizziness, nausea, and vomiting. Examination may demonstrate an early inability to walk, appendicular ataxia, facial weakness, and paresis of conjugate gaze. Hemiparesis, sensory deficit, homonymous field defect, and aphasia are conspicuous for their absence.

Underlying Hypertension is a great risk factor for this type of haemorrhage.

Subarachnoid hemorrhage is commonly seen in young and mostly due to rupture of cerebral arteries and veins that cross the subarachnoid space. It may be caused by rupture of an aneurysm on the circle of Willis or, less commonly, by a hemangioma (proliferation of blood vessels leads to a mass that resembles a neoplasm). This type of bleeding has an explosive onset, causing severe headache, nausea, vomiting, and perhaps loss of consciousness, with or without a concomitant seizure. The bleeding ceases after a small amount of blood has escaped, perhaps as a result of a transient muscular spasm in the walls of the arteries adjacent to the site of bleeding or because the local intracranial pressure transiently is equal to the arterial pressure. The most prevalent remediable factor leading to mortality and morbidity following a ruptured intracranial aneurysm is misdiagnosis on presentation. Vasospasm is the leading cause of death and morbidity in patients admitted to tertiary care centers with a ruptured intracranial aneurysm. Cerebral arterial spasm is

demonstrated in cerebral arteriograms as a narrowing of previously normal arteries . It has been noticed that the Cerebral arterial aneurysms account for slightly more than half of all cases of spontaneous subarachnoid hemorrhage. An unruptured aneurysm's propensity to rupture is proportional to its size.

DISCUSSION

SKIMS Provides a perfect referral centre especially for patients with cerebrovascular accidents. SKIMS provides Specialist services in Internal Medicine. To study the specialty wise profile of patients attending referral clinic, a prospective study was carried out for a period of one year from 1st January 2010 to 31st December 2010, where maximum number of referred patients visited neurology 1038(14.4%) . Topping the list of Neurosurgery referrals were Chronic Sub Dural Haemorrhage and Headache with 34 (11.6%) patients each followed closely by 3rd Cranial Nerve Schwannoma 20 (6.8%) patients and Pituitary Adenoma 18 (6.1%) In neurology clinics . It was seen that Stroke 244 (23.2%) and migraine patients 117 (11.1%) constituted the highest number of referrals visiting neurological clinic. 101 (9.6%) of the patients visiting neurological clinic were diagnosed as seizure disorder.

The relatively high incidence of cerebrovascular accidents in Kashmir has been a matter of concern and may be probably related to the distinctive life style, habits of kashmiri population.

This may be attributed to increased intake of salt tea, more cases of hypertension, a sedentary life style, dyslipidemia and cardiovascular problems.

Tables and Figures

Table 1

Neurology	n (%)
Stroke	244 (23.2)
Migraine	117 (11.1)
Seizure Disorder	101 (9.6)
Haemorrhage_ICH	80 (7.6)

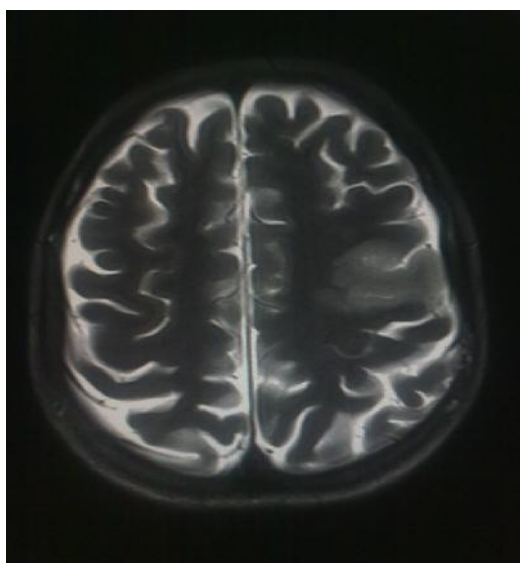


Fig Left Middle Cerebral Artery Infarct

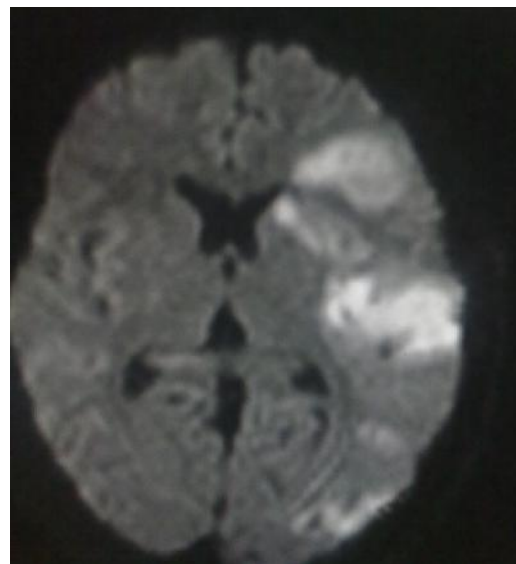


Fig Left Middle Cerebral Artery Infarct



Fig Posterior Cerebral Artery Infarct



Fig Anterior Communicating artery Aneurysm causing SAH

CONCLUSION

An increase in the cases of Cerebrovascular accidents in comparison to other diseases of the nervous system has been

seen. Both cerebral haemorrhage and subarachnoid haemorrhage cases are reported on rise. It is imperative to recognize the causes behind these types of Cerebrovascular accidents.

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