

CASE STUDY - INTRACRANIAL HAEMORRHAGE**Clinical History**

Hospital admission after sudden onset of severe headache, photophobia and neck stiffness with subsequent fall and loss of consciousness.



Figure 1. CT scan without iv-contrast obtained at admission about 1 hour post onset of symptoms.

1. Ruptured giant aneurysm of the right sided middle cerebral artery
2. Third ventricle showing signs of compression and left sided midline shift
3. Intraventricular haemorrhage involving the dilated posterior horn of left lateral ventricle
4. Intraparenchymal haemorrhage within the right temporal lobe and basal ganglia
5. Right temporal acute subdural haematoma
6. Intraventricular haemorrhage involving the posterior horn of right lateral ventricle
7. Subarachnoid blood collection within the posterior interhemispheric fissure

Radiological Report

There is evidence of a large right temporal intraparenchymal haemorrhage showing extent into right sided basal ganglia as well as frontoparietal white matter. The haemorrhage appears to originate from a large ruptured aneurysm of the right sided middle cerebral artery. Further blood collections are seen within the posterior horns of both lateral ventricles as well as fourth ventricle. A subtle subarachnoid blood collection is seen within the posterior interhemispheric fissure. There is also evidence of an extensive perifocal oedema resulting subsequently in a left sided midline shift or cerebral transtentorial herniation. The right lateral and third ventricle are markedly displaced and compressed resulting in a secondary obstruction of the left sided foramen of Monroi subsequently leading to an internal hydrocephalus of the left lateral ventricle. Haemorrhage, perifocal oedema and internal hydrocephalus are resulting in an overall increase of intracranial pressure with subsequent cerebral transtentorial herniation and brain stem compression.

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