

Introduction

Hemorrhagic stroke is more common during pregnancy, with a similar proportion of subarachnoid hemorrhage (SAH) and intracerebral hemorrhage (ICH). Vascular lesions account for 31% of ICH cases and 82% of SAH. There are no guidelines for the obstetric management of this kind of patients

Case 1

A 26-year-old patient at 34 weeks of gestation, with a history of Sturge-Weber syndrome, presented with thunderclap headache. Non-contrast MRI (Fig 1). showed a right occipital angioma and ipsilateral leptomeningeal angiomatosis. She received symptomatic treatment, with no indication of emergent cesarean section or lesion resection. Pregnancy was carried to term

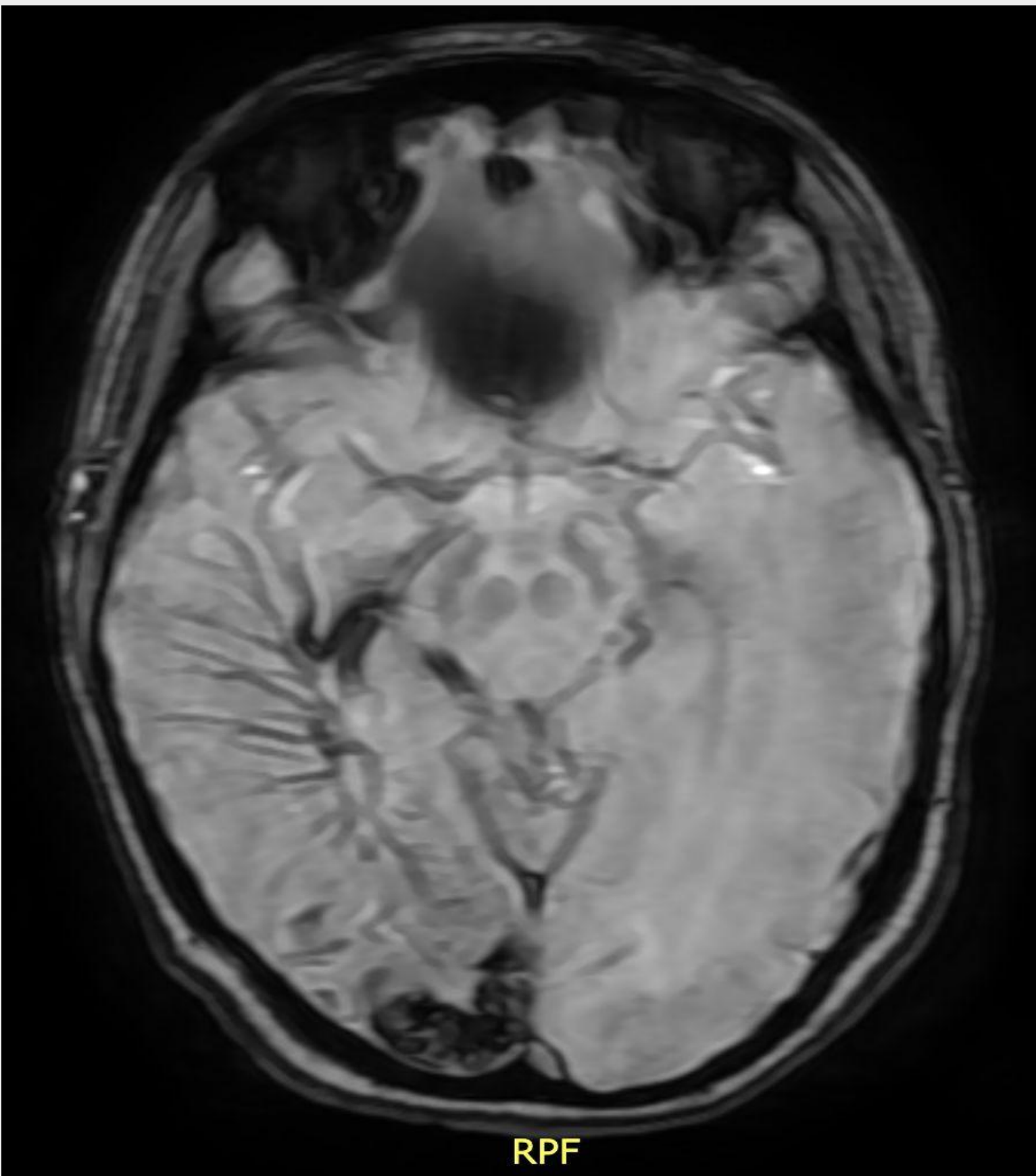


Figure 1. Susceptibility weighted imaging

Methods

A report of three cases of intracranial vascular lesions during pregnancy/puerperium treated at a single institution in Bogota, Colombia

Case 2

A 30-year-old patient in puerperium with a history of preeclampsia presented with a severe headache and elevated blood pressure. CT angiography (Fig 2) revealed a 3 mm aneurysm of the anterior communicating artery and a Fisher grade 4 SAH with left frontal ICH. The patient underwent flow diversion

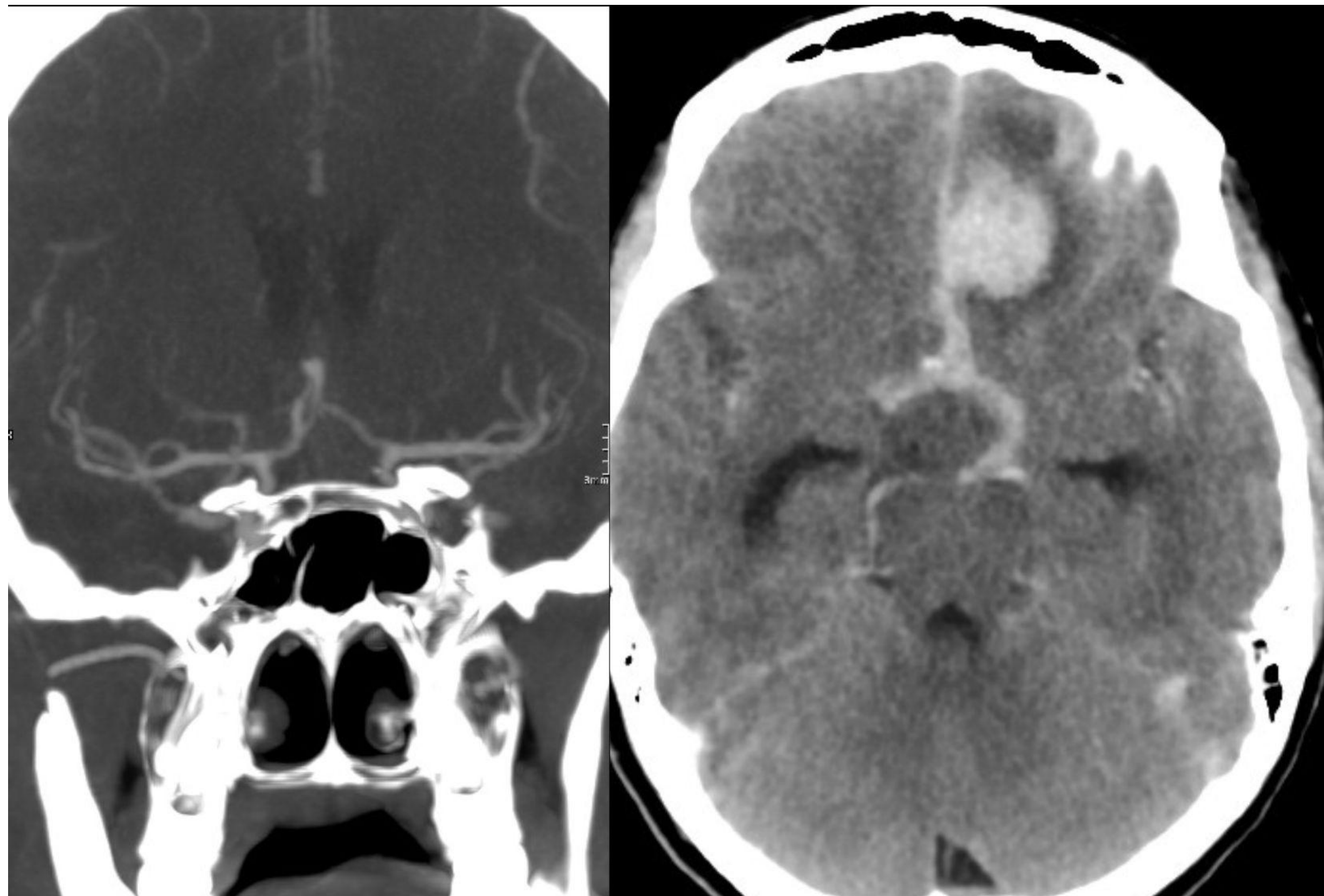


Figure 2.

Case 3

A 30-year-old patient with a 24-week pregnancy presented with thunderclap headache associated with Gertsman syndrome. Contrast MRI (Fig 3) showed a left frontoparietal ICH and a suspected cavernous malformation. Due to rebleeding and neurological deterioration, a cesarean section was performed at 33 weeks, resulting in a preterm newborn with no further complications. Resection of the lesion was performed postpartum

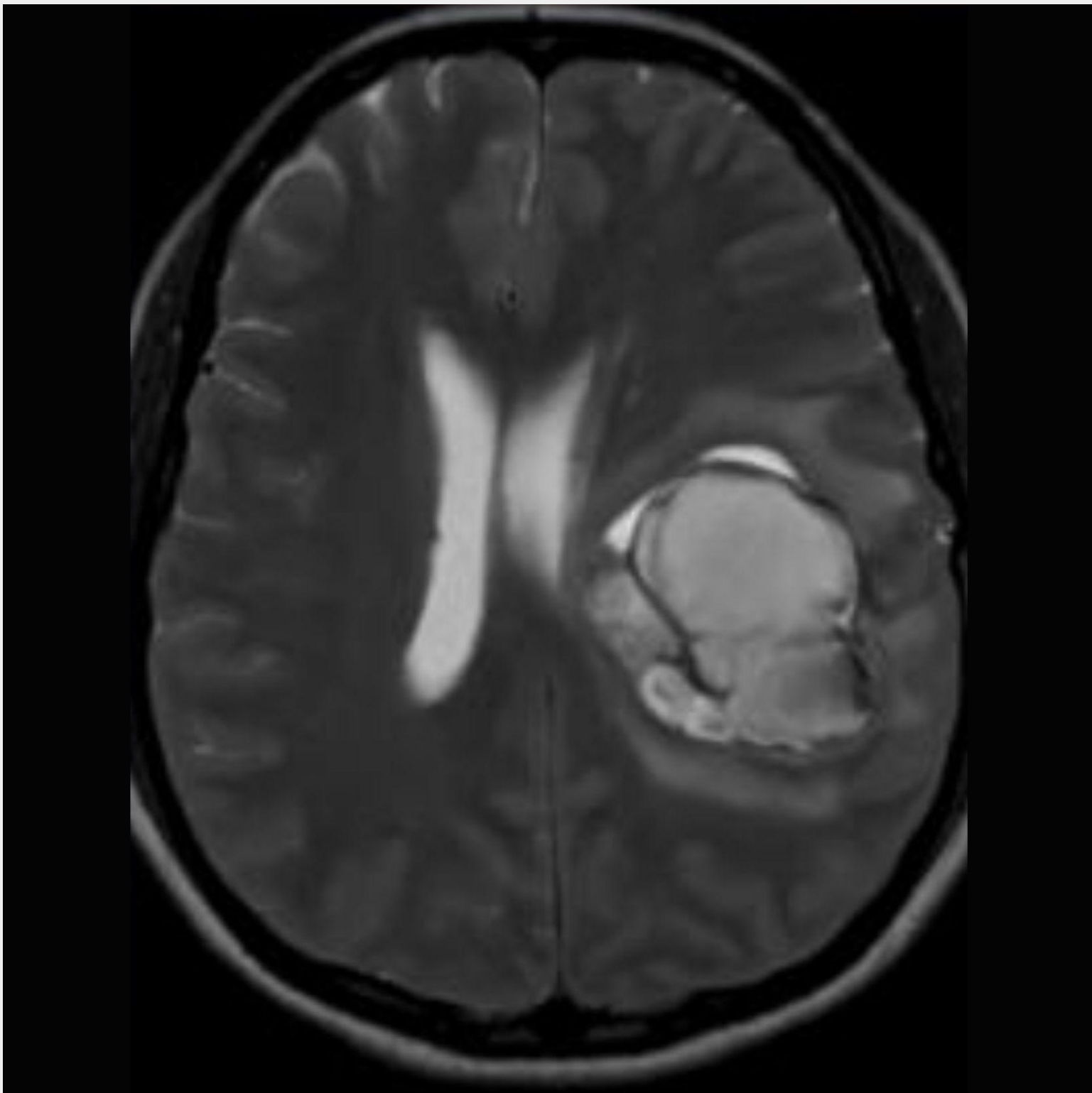


Figure 3. T2-weighted imaging

Conclusions

- Our experience suggests that individualization of treatment is fundamental
- Both the expectant approach to facilitate fetal development, and immediate management of the lesion can be safe for mother and fetus
- Balancing fetal well-being and the mother's neurological status is paramount
- A comprehensive neurological examination guides the need for neuroimaging and the differential diagnosis in obstetric patients

References

1. Martin A, Lailier G, Béjot Y, Gabet A, Grave C, Regnault N, et al. Incidence and Time Trends of Pregnancy-Related Stroke Between 2010 and 2018: The Nationwide CONCEPTION Study. Neurology. el 11 de octubre de 2022;99(15):e1598–608. doi:10.1212/WNL.000000000000200944 PubMed PMID: 36038274; PubMed Central PMCID: PMC9559943.
2. Vest T, Rantanen K, Verho L, Aarnio K, Korhonen A, Richardt A, et al. Etiology of intracerebral hemorrhage during pregnancy or puerperium: A nationwide study. Eur J Neurol. el 11 de agosto de 2023;31(3):e16012. doi:10.1111/ene.16012 PubMed PMID: 37532682; PubMed Central PMCID: PMC11235636.