

# Intraparenchymal Hemorrhage in the Postpartum Patient

NewYork-  
Presbyterian

Walter Taylor MD<sup>1</sup>, Kristine Villegas MD<sup>1</sup>, Klaus Kjaer MD MBA<sup>1</sup>

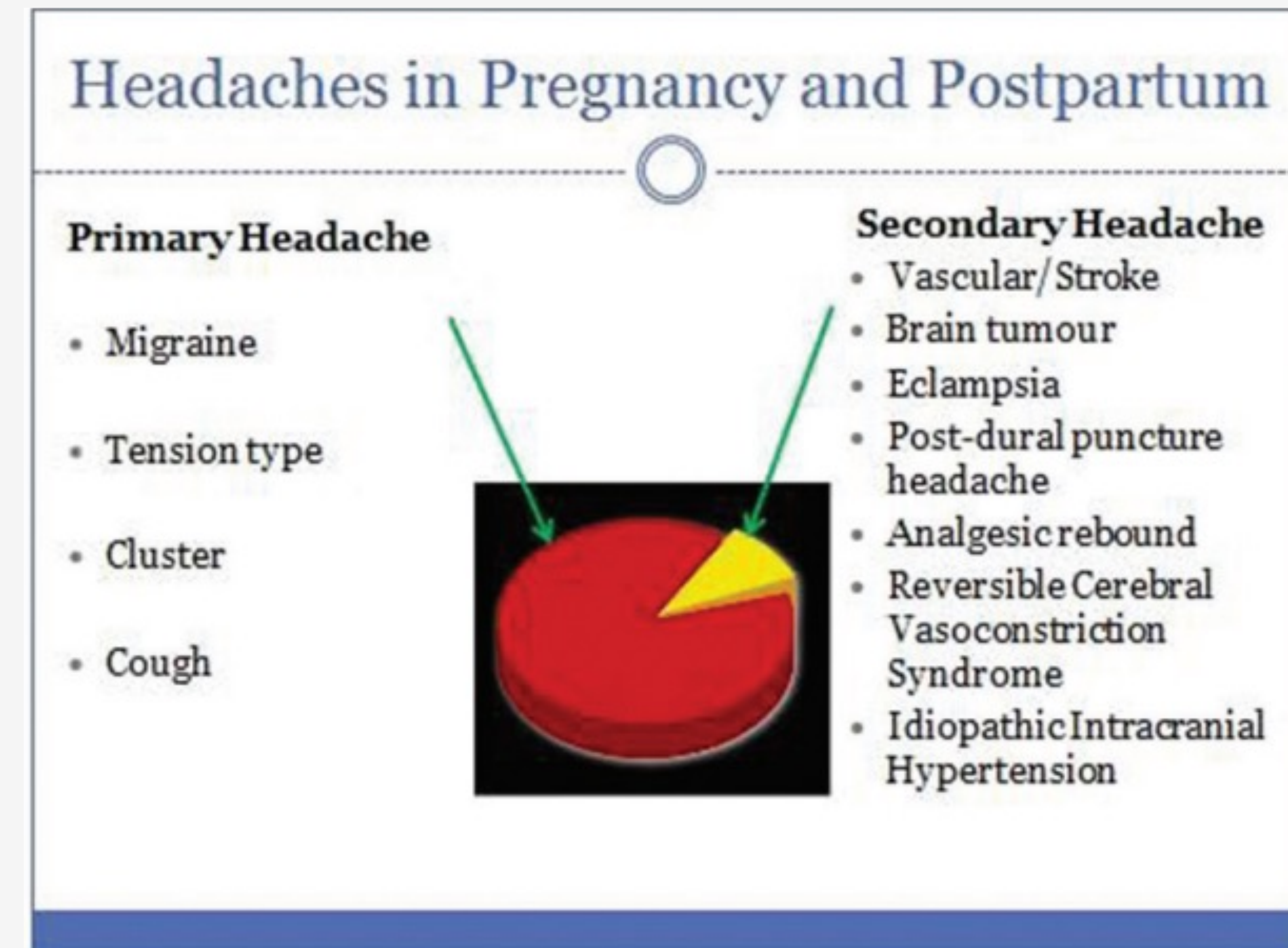
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## Introduction

- Postpartum headache (HA) affects up to 40% of females in the puerperium
- The majority of postpartum HA are primary disorders
- Secondary HA are less common
- Timely recognition of potentially fatal etiologies is critical



(O'Neal MA)

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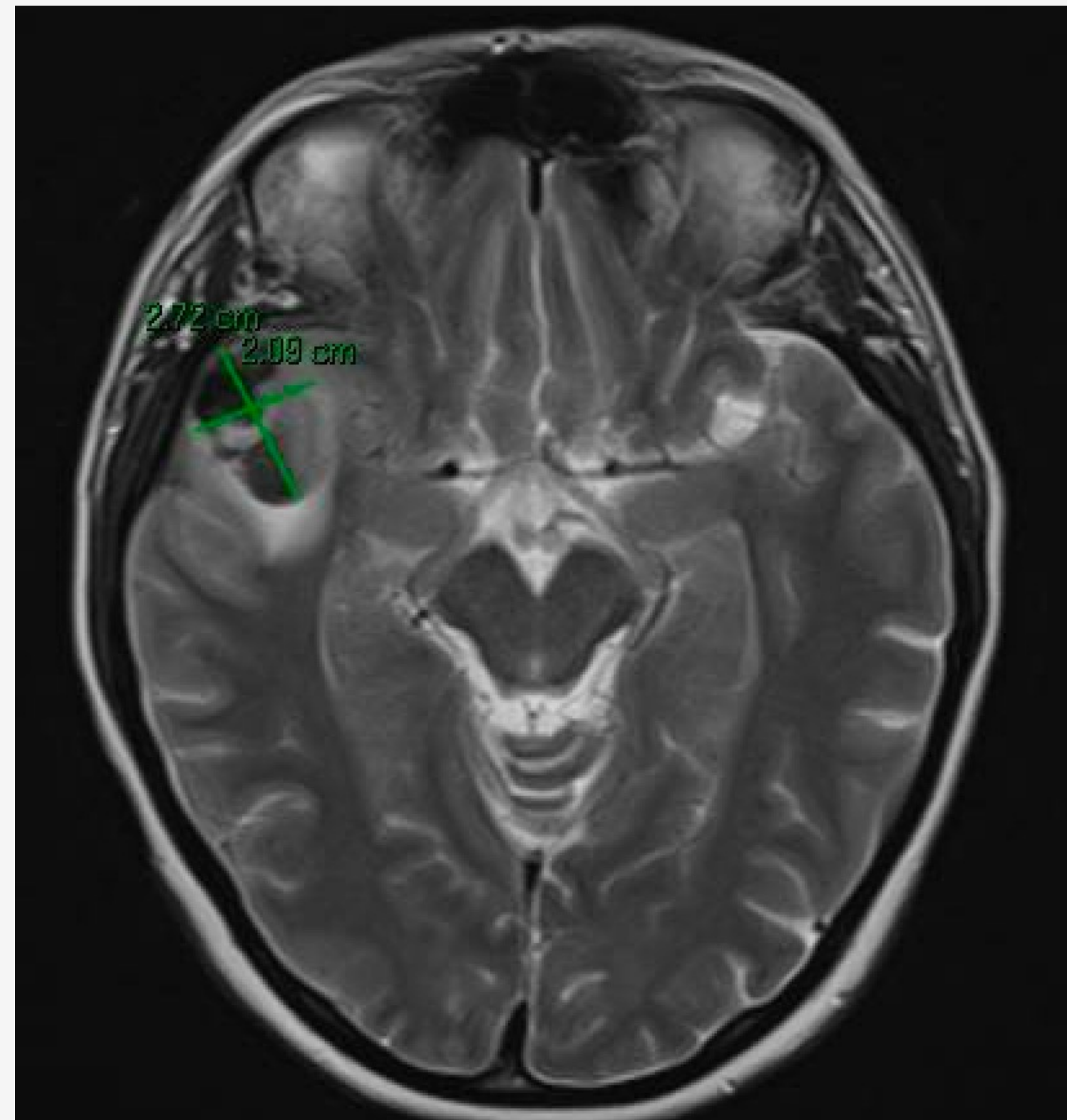
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## Case

- 39 year-old G1P0 with PMH tension HA, fibroids, and gestational thrombocytopenia presented at 40w GA with ROM
- Labor analgesia: uncomplicated combined spinal epidural with standard patient-controlled epidural infusion



### PPD0

- Vaginal delivery

### PPD1

- Mild HTN
- Mild frontal HA, worse when supine, confusion
- Emesis

### PPD2

- Persistent HA
- Negative workup for PEC
- Declined analgesics
- Discharged home

### PPD3

- Returned to hospital with severe HA
- Vital signs wnl, non-focal neuro exam, HA refractory to medications
- MRI brain obtained: R acute anterior temporal intraparenchymal hemorrhage with subarachnoid and subdural extension

### Interventions/Outcome

- Interventional neuroradiology consulted
- ICU admission
- Seizure prophylaxis, strict BP goals initiated
- Diagnostic angiogram: MCA vasospasm, possible R external carotid artery dural AVF
- Hypercoagulability workup given possibility for missed cortical vein thrombosis: wnl
- Discharged home
- Repeat angiogram at 7 weeks without abnormalities

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## Discussion

- Intracerebral hemorrhage occurs in <0.1% of pregnancies but is responsible for up to 12% of all maternal deaths
- Common presenting signs include altered mental status, seizures, blurry vision, weakness
- Pt's clinical picture complicated due to subtle presentation, history of tension HA, possible postpartum preeclampsia
- Prompt medical attention for postpartum HA is paramount

### References

1. ACOG Clinical Practice Guideline. Obstet Gynecol. 2022 May.
2. O'Neal MA. Pract Neurol. 2017 Jun.

Questions/Comments:

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