Delivering Under Pressure: A Parturient with Intracranial Hemorrhage

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Background

Acute Intracranial Hemorrhage (ICH)

- Peripartum ICH causes can be multifactorial- ranging from aneurysm and trauma, to the stress of eclampsia[1]
- A recent study estimated the incidence of ICH as 7.18/100,000 pregnancies in the U.S. alone[2]
- No guide on parturient increased ICP management exists

Causes of ICH

HTN/Pre-eclampsia

Anticoagulant use

Trauma

Coagulopathy

Aneurysms

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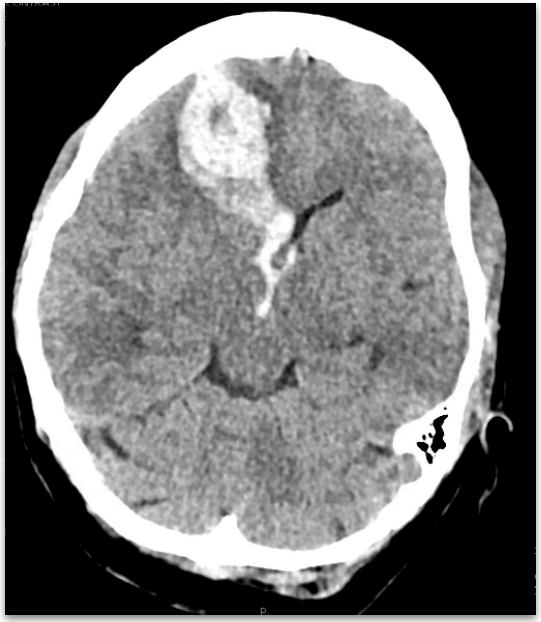
Case

- 48yo G1P0 at 36w2d presented to the ED w/vomiting and severe HA
- Rapid progression to prolonged seizures initially refractory to medication
- CT brain c/w **multicompartmental intracranial hemorrhages, 5mm midline shift, edema, and entrapment of the right lateral ventricle**
- Developed DIC and HELLP Syndrome
- After extensive discussion w/NSGY, **emergently delivered** via cesarean delivery
- Then **returned to OR for emergent hematoma evacuation + EVD placement**
- Discharged POD19 to inpatient rehabilitation facility



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References

Discussion

- Which is the priority? Delivery or decompression?
- Given the possibility of a constantly changing clinical context, how should we manage intracranial hemorrhage in parturients?
- No guide on parturient increased ICP management exists