

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/neurofrontiers/evaluating-delayed-presentations-of-subarachnoid-hemorrhage/57161/>

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Evaluating Delayed Presentations of Subarachnoid Hemorrhage

Announcer:

You're listening to *NeuroFrontiers* on ReachMD. Today, Dr. Jay Max Findlay, Professor of Neurosurgery at the University of Alberta, will be discussing how to evaluate delayed presentations of subarachnoid hemorrhage. Here he is now.

Dr. Findlay:

Subarachnoid hemorrhage headaches don't resolve quickly. They linger, and they can linger for days and weeks. And so, occasionally, we'll see a patient who presents a day or days following their initial headache, and it just didn't get better. They're still sick with their headache, and so they present in a delayed fashion.

Now, when they do present in a delayed fashion, that allows time for some of that subarachnoid hemorrhage to clear from the scan. And so it's especially important to scrutinize those scans carefully, because usually a trace of blood will still be seen. But the rule of thumb is that if you have a patient with a sudden onset headache and you're thinking that it might be a subarachnoid hemorrhage that occurred that day or days prior and the scan is considered normal, then they have to have more testing.

And the more testing will be either a CT angiogram looking for the actual aneurysm itself or a lumbar puncture looking for blood in the CSF—into the cerebrospinal fluid. Now, a lumbar puncture is painful, and it is something that doctors don't always like performing. And there is the problem of so-called traumatic tap—in other words, causing bleeding from the puncture itself. And that can sometimes be difficult to distinguish from a true subarachnoid hemorrhage. There are ways to make the distinction through testing, but the simplest thing these days is to get a CT angiogram. It avoids the puncture, it avoids the pain, and it will pick up any aneurysm that could have ruptured.

Announcer:

That was Dr. Jay Max Findlay talking about imaging and follow-up evaluation for suspected subarachnoid hemorrhage. To access this and other episodes in our series, visit *NeuroFrontiers* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!