

Primary intraventricular haemorrhage - uncommon but important

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Primary intraventricular hemorrhage (PIVH) is a rather uncommon entity and there is limited literature on its features. Fifteen patients with primary IVH are reported in this issue.¹ A prior study from Pakistan on intracerebral hemorrhage has shown that the mortality rate and prognostic indicators were similar to the Western hemisphere.²

In this issue, Hameed et al.¹ have retrospectively studied all non-traumatic intracerebral hemorrhage cases over the course of 14 years in their institution. They found 15 (2%) patients with PIVH. The incidence is somewhat lower than previously reported, which authors have rationalized with a more strict inclusion criteria. Hypertension was the most common risk factor; however, the authors have not discussed the effect of hypertension on prognosis. They found diabetes mellitus, coagulopathy, panventricular blood and hydrocephalus to be associated with poor outcome. Hyperglycemia in the setting of acute ischemic stroke has proved to be independently associated with poor outcome.³ However, this association has not been well established in the setting of hemorrhagic stroke. It is interesting that the authors have found an association between hyperglycemia and poor outcome. This finding needs to be looked at more carefully in the setting of haemorrhagic stroke as this may affect the overall outcome.

One of the limitations of this study is the small number of patients undergoing diagnostic angiographic studies. Two out of 3 angiograms were abnormal in this series which

highlights the importance of conventional cerebral angiography. Both of the patients with vascular abnormalities were treated. It is unlikely that dural AVF was the direct cause of PIVH and the site of AVM is not mentioned. However, it seems reasonable to treat potential cause of hemorrhagic stroke if the patient already had one. The overall mortality was lower and improvement in neurological status was seen in more than 50% patients. The overall prognosis in PIVH is considered better than intracerebral haemorrhage and favourable outcome is had in majority of the survivors.⁴

This study is an important addition to the limited literature on PIVH and should encourage the neurologists to carefully look for hyperglycemia, coagulopathy and vascular malformations in patients with primary intraventricular haemorrhage.

References

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