

Factors Prognosticating The Outcome Of Non Traumatic Intra-Cerebral Haemorrhage: Kuala Lumpur Experience

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Purpose

Intracerebral hemorrhage (ICH) comprises one of the leading causes of death and disability. A Kuala Lumpur population study reported 18% of stroke is ICH with mortality ranging from 37 to 100%. Based on our clinical practice, our patients were younger, had poor outcome due to the other concomitant disease. The ICB scoring system was not specific as patient with aphasia and comorbid (eg: renal failure) were not taken into account.

Materials and Methods

We performed a single center prospective cohort study for patients above 18 years old with spontaneous ICH whom presented to us from 1st May 2017 to 31st March 2018. Patients whom bled due to tumours, haemorrhagic transformation of cerebral infarction, subarachnoid haemorrhage and rupture of arteriovenous malformations were excluded. Demographics of these patients, clinical, radiologic findings of ICH, treatments performed, mortality and outcome (based on MRS grading) was be recorded at one month.

Results

A total of 286 patients were recruited with 8 excluded out. Our median age of ICB is 51 with uncontrolled BP (Median systolic 207/diastolic 110) being the most important factor. Patients with chronic kidney disease and valvular heart disease had poorer outcome. Among the patient underwent surgery for clot evacuation, IVH was an important poor prognostic factor.

Conclusion

To treat ICB in Kuala Lumpur is to treat hypertensive aggressively at the all primary care centers and the need to create more awareness of the disease. The impact to the country via loss of young workforce need to be address and taken seriously.