

Prevention and Treatment of Delayed Ischaemic Dysfunction in Patients with Subarachnoid Haemorrhage: An Update 2012 Hans-Jürgen Reulen, Jacques Philippon 55 pages 9783709190159 Springer Vienna, 2012

As shown by its title "Prevention and treatment of delayed ischaemic dysfunction in patients with subarachnoid haemorrhage: an update", papers presented at the Symposium covered a broad spectrum from some basic data on pathophysiology of subarachnoid haemorrhage (SAH) and delayed ischaemic dysfunction, to the clinical use of nimodipine, which has been largely documented among calcium inhibitors for its cerebrovascular properties. This supplementum of Acta Neurochirurgica is based upon the papers presented. Some articles, however, have been extended to take into account further results in order An edition of Prevention and Treatment of Delayed Ischaemic Dysfunction in Patients With Subarachnoid Haemorrhage (1989). Prevention and Treatment of Delayed Ischaemic Dysfunction in Patients With Subarachnoid Haemorrhage. An Update (Acta Neurochirurgica Supplementum). Managing Subarachnoid Hemorrhage. 323. Rebleeding occurred in 21% of patients with treated hydrocephalus as well as untreated hydrocephalus, and 18% of those without hydrocephalus. In the lumbar puncture (LP) group, rebleeding occurred in 5% of patients, in 14% of patients with hydro-cephalus without LP, and in none of the controls without hydrocephalus. Risk of rebleeding following treatment of ruptured intracranial aneurysms was studied in the Cerebral Aneurysm Rerupture After Treatment (CARAT) study,35 which looked at 1001 patients. Given worse outcomes from delayed ischemia in patients treated with antifibrinolytics, more recent studies have evaluated the potential benefit of a short course of antifibrinolytic therapy. Subarachnoid hemorrhage (SAH) is a rare, life-threatening condition that is caused by the rupture of an intracranial aneurysm in approximately two thirds of the cases. These aneurysms are small outpouchings from the cerebral arteries on the base of the brain that develop during a lifetime and rarely give rise to any signs or symptoms until they rupture "like a bolt from the blue." In many cases, the hemorrhage is so severe that the patient dies immediately. [@article{Tettenborn1990PreventionAT, title={Prevention and Treatment of Delayed Ischemic Dysfunction in Patients With Aneurysmal Subarachnoid Hemorrhage}, author={D. Tettenborn and J. D{\y}cka}, journal={Stroke}, year={1990}, volume={21}, pages={IV-85-IV-89} }.](#) D. Tettenborn, J. D{\y}cka.