

A Case Report On Right Gangliocapsular Intraparenchymal Hemorrhage With Left Hemiparesis

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Abstract:

Introduction: Intraparenchymal hemorrhage (IPH) is one form of intracerebral bleeding in which there is bleeding within brain parenchyma. The other form is intraventricular hemorrhage (IVH).

Case presentation: A 36-year-old- male admitted in Tertiary care hospital Wardha, at Neuro ICU. With the complaints of giddiness, left side weakness, high blood pressure, multiple episodes of seizure, numbness of the face and limbs of left side, nausea and vomiting since 1 days ago. No history of hematemesis, abdominal, cold, cough, No history of trauma. Previous treatment, no prior hospitalization. There was no associated illness were present like Diabetes mellitus, tuberculosis, and thyroid disorder. No any significant past history. Physical examination and systemic examination was done. In respiratory system: bilateral clear, cardiovascular: heart sound was normal, central nervous system: G.C.S.- E3 V5 M4 abdominal examination: soft and nontender. musculoskeletal system: lower limb weakness.

Therapeutic management: Patient was admitted to Neuro ICU for conservative management of giddiness, left side weakness, high blood pressure, multiple episodes of seizure, numbness of the face and limbs of left side, nausea and vomiting . All the routine investigation was done. The patient had been investigations, for example, blood test, Physical examination, X-ray, CT scan of head , MRI , ECG and X-ray, angiography was done .such as cardiopulmonary monitoring, intracranial pressure monitoring, and electroencephalogram may be performed, respectively, to assess heart and lung function, monitor rise in pressure around the brain, and rule out other diagnoses such as seizure. To confirm the diagnosis of intraparenchymal haemorrhage with facial paralysis, a high-resolution computed tomography (H.R.C.T.) was used. Patient was started on IV fluid, Diuretics, anticoagulation, antibiotics, antacid, antiemetics , anticonvulsant and another supportive medications. Surgery opinion was taken and patient was advised for conservative management. Surgery opinion was taken and patient was advised for conservative management. **Conclusion:** due to conservative management and quality nursing care patient condition was stable and had no active complaints at present hence patient is being discharged.

Keywords: Gangliocapsular , intraparenchymal , hemorrhage.

Introduction:

Intraparenchymal Hemorrhage (ICH) is a prevalent type of stroke that accounts for 15% of all strokes and 50% of stroke-related mortality, resulting in 2.8 million deaths worldwide. Any bleeding within the intracranial vault, including the brain parenchyma and adjacent meningeal spaces, is referred to as intracranial hemorrhage.¹ Intraparenchymal hemorrhage accounts for approximately 8-13% of all strokes and results from a wide spectrum of disorders. It is more likely to result in death or major disability than ischemic stroke or subarachnoid hemorrhage, and therefore constitutes an immediate medical emergency. Intracerebral hemorrhages and accompanying edema may disrupt or compress adjacent brain tissue, leading to neurological dysfunction.² IPH accounts for less than 20% of stroke cases, but it is associated with the highest mortality rates of all forms of stroke. IPH can be classified as primary or secondary, depending on the cause. Primary IPH accounts for about 80% of cases, occurring when there is a spontaneous rupture of damaged arteries. Secondary IPH is due to an underlying condition that increases the likelihood of hemorrhage.³ Hypertensive small vessel disease results from tiny lipohyalinotic aneurysms that subsequently rupture and result in intraparenchymal hemorrhage. The remaining cases of spontaneous intraparenchymal hemorrhage may be secondary to vascular malformations or amyloid angiopathy.

Intraparenchymal hemorrhage accounts for 10% to 20% of all strokes. Intraparenchymal hemorrhage incidence increases for those aged 55 and older with an increasing incidence as age increases. There is some controversy regarding gender differences, but there may be a slight male predominance.⁴

Patient information:

A 36-year-old- male admitted in Tertiary care hospital Wardha,at Neuro ICU. With the complaints of giddiness, left side weakness, high blood pressure, multiple episodes of seizure, numbness of the face and limbs of left side, nausea and vomiting since 1 days ago. No history of hematemesis, abdominal, cold, cough, No history of trauma. Previous treatment, no prior hospitalization. There was no associated illness were present like Diabetes mellitus, tuberculosis, and thyroid disorder. No any significant past history. Physical examination and systemic examination was done. In respiratory system: bilateral clear, cardiovascular: heart sound was normal, central nervous system: G.C.S.- E3 V5 M4 abdominal examination: soft and nontender. musculoskeletal system: lower limb weakness.

Physical examination was done: height is 165cm and weight 50 kg, temperature was 96.5 F Pulse: 84 beats per min, Blood pressure: 120/90 mm of Hg, respiration was 20 beats /min general examination was done.

Medical, family, and Psycho-social history: There were no history of comorbidities in patient's family. Patient belongs to middle class family. He is living with his wife and son. Patient maintain good interpersonal relation with family members, relatives and neighbours. Patient do not have bad habit like smoking, tobacco chewing and alcoholism.

Relevant past intervention with outcomes:For above mentioned complaints patient was admitted in private hospital. He was get relief from that hospital. That's why patient referred to tertiary care hospital Wardha.

Diagnostic Assessment: All the routine investigations were done: Hemoglobin: 13.5gm % .Red blood cells: 3.14, White blood cells: 9400, MCHC: 31.4, MCV: 64.4, MCH: 20.2, Total platelet count: 2.43, HCT: 17.6. monocytes count: 04, granulocytes: 74, and lymphocytes: 20, R.D.W: 13.6 eosinophils: 02 and Basophil: 00 Coagulation profile done-APTT- control-29.5, APTT patient -30.4, Prothombin Time-control 11.9. Prothombin Time-Patient: 13.0, INR: 1.09. Kidney function and liver function test were done. ECG and X-ray was done.

Therapeutic management:

Patient was admitted to Neuro ICU for conservative management of giddiness, left side weakness, high blood pressure, multiple episodes of seizure, numbness of the face and limbs of left side, nausea and vomiting . All the routine investigation was done.The patient had been investigations, for example, blood test, Physical examination, X-ray, CT scan of head , MRI , ECG and X-ray, angiography was done .such as cardiopulmonary monitoring, intracranial pressure monitoring, and electroencephalogram may be performed, respectively, to assess heart and lung function, monitor rise in pressure around the brain, and rule out other diagnoses such as seizure. To confirm the diagnosis of intraparenchymal haemorrhage with facial paralysis, a high-resolution computed tomography (H.R.C.T.) was used.Patient was started on IV fluid, Diuretics, anticoagulation, antibiotics, antacid, antiemetics , anticonvulsant and another supportive medications. Surgery opinion was taken and patient was advised for conservative management.Surgery opinion was taken and patient was advised for conservative management.

Treatment on admission: Inj. Ceftriaxone 1gm IV BD X 5Days, Inj. Pantop 40 mg BD 5 days, Inj Neomol 150 mg TDS, Tab.Emset 4 mg TDS, Inj Levepsy 500mg BD, Inj mannitol 100 ml/QID, Inj Lasix 10 mg/TDS, Inj. Tramadol 50 mg /OD.

Treatment on Discharge: Tab.Dolo 650mg BD, Tab. Amlodipine 5 mg OD, Tab. Tramadol 50 mg OD, Tab. Pan 40 mg BD.Tab . Neurobion forte 100 mg BD.

Patient was stable and had no active complaints at present. Hence patient is being discharged.

Prognosis:Good

Outcomes: Despite the most significant efforts of the Patient, their vibrant health will improve, and her health status will improve even more. Follow-up in case of following signs and symptoms patient are requested to attend the emergency department. Diagnostic and other test findings are critical.

Discussion:

Patient was admitted to Neuro ICU for conservative management of giddiness, left side weakness, high blood pressure, multiple episodes of seizure, numbness of the face and limbs of left side, nausea and vomiting. All the routine investigation was done. The patient had been investigations, for example, blood test, Physical examination,

X-ray, CT scan of head, MRI, ECG and X-ray, angiography was done. Such as cardiopulmonary monitoring, intracranial pressure monitoring, and electroencephalogram may be performed, respectively, to assess heart and lung function, monitor rise in pressure around the brain, and rule out other diagnoses such as seizure. To confirm the diagnosis of intraparenchymal haemorrhage with facial paralysis, a high-resolution computed tomography (H.R.C.T.) was used.⁵⁻⁷

Once the medical stability of the patient is ensured, CT head without contrast is the first diagnostic test most commonly performed. The imaging should be able to identify acute intraparenchymal hemorrhage as hyperdense within the parenchyma.⁸⁻¹¹

Depending on the history, physical and imaging findings and patient an MRI brain with and without contrast should be considered as tumors within the brain may present as intraparenchymal hemorrhage.¹²⁻¹⁴

Intraparenchymal hemorrhage can be life-threatening and treatment starts with the ABCs of medicine and stabilization of the patient. Blood pressure should be controlled to decrease the risk of further hemorrhage.¹⁵⁻¹⁶

Early consultation with neurosurgery should be considered. The treatment of intraparenchymal hemorrhage depends on the etiology of the hemorrhage. Treatment options are variable and include aggressive surgical evacuation, craniectomy, catheter-based dissolution, or observation. Surgical evacuation is controversial for some forms of intraparenchymal hemorrhage.¹⁷

Conclusion:

A 36-year-old male came in hospital with above mentioned complaints, in critical condition. On admission patient's complaints of giddiness, left side weakness, high blood pressure, multiple episodes of seizure, numbness of the face and limbs of left side, nausea and vomiting since 1 days ago. On specific investigation patient diagnosed Right Gangliocapsular Intraparenchymal Hemorrhage With Left Hemiparesis With Left Facial Paralysis. Conservative treatment was given. After the treatment patient's prognosis was good. Overall Patient had given a positive response to treatment and patient was stable. Hence patient is being discharged.

Ethical approval :Not applicable

Patient Inform consent :While preparing a case report and for publication patient's informed consent has been taken.

Conflict of Interest :The Author declares that there are no conflicts of interest.

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