



CLINICAL AND RADIOLOGICAL PROFILE OF PATIENTS WITH INTRACEREBRAL BLEED

**Dr. Abbasali
Abdumajid Khazi**

Postgraduate Resident Department Of General Medicine Kanachur
Institute Of Medical Sciences Mangalore – 575018, Karnataka, India

**Dr Narasimha
Shastry G**

Assistant Professor, Kanachur Institute Of Medical Sciences University
Road, Deralakatte, Mangalore – 575018, Karnataka

ABSTRACT

Background: Intracerebral hemorrhage (ICH) is a major contributor to stroke-related mortality and morbidity. This study evaluates the clinical and radiological profile of patients with ICH and factors influencing outcomes. **Methods:** This prospective observational study included 60 patients with radiologically confirmed spontaneous intraparenchymal hemorrhage over 3 years. Data on demographics, comorbidities, imaging findings, and outcomes were analyzed using SPSS. **Results:** Among 60 patients, 73.3% were male; 60% were >60 years. Hypertension was present in 61.7%, and the temporal lobe was the most common site of hemorrhage (55%). Mortality was 58.3%. Poor outcome was associated with age >60, hypertension, and low GCS. **Conclusion:** ICH predominantly affects elderly hypertensive males and carries a high mortality rate. Early identification and intervention targeting modifiable risk factors are essential to improve outcomes.

KEYWORDS : Intracerebral hemorrhage, risk factors, CT scan, GCS score, hypertension
Introduction

Intracerebral hemorrhage (ICH) represents a critical subtype of stroke with high mortality and morbidity, especially in low- and middle-income countries like India. Despite advances in imaging and critical care, outcomes remain poor due to delayed recognition and lack of targeted prevention strategies. This study was undertaken to analyze the clinical and radiological patterns of ICH at a tertiary care center and assess associated risk factors and outcomes.

and management, especially targeting modifiable factors, are essential to improve survival. Further multicenter studies are needed to validate these findings.

REFERENCES

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MATERIALS AND METHODS

This prospective observational study included 60 patients with spontaneous intraparenchymal hemorrhage admitted to Kanachur Hospital, Mangalore, over a period of 3 years. Inclusion criteria involved patients above 13 years presenting within 48 hours of symptom onset. Exclusion criteria included trauma-related hemorrhage, anticoagulant therapy, and subarachnoid or subdural bleeds. Data were collected through clinical examination, neuroimaging (CT/MRI), and outcome assessment at 30 and 90 days. SPSS version 27 was used for statistical analysis.

RESULTS

Out of 60 patients, 44 (73.3%) were male and 16 (26.7%) female. The majority (60%) were aged above 60 years. Hypertension was the most common comorbidity (61.7%), followed by diabetes (21.7%). Temporal lobe hemorrhages were most frequent (55%), and left-sided bleeds occurred in 53.3% of cases. GCS score ≤ 8 was seen in 76.7% of patients. The mortality rate was 58.3%, and 41.7% were discharged. MRI was more sensitive than CT in detecting etiology and edema, although both were comparable in identifying location and volume.

DISCUSSION

This study reinforces the role of hypertension and age as major predictors of poor outcomes in ICH. The predominance of lobar hemorrhages contrasts with other studies where basal ganglia were more affected. Early GCS scoring and imaging are crucial for prognostication. While CT remains the mainstay, MRI provides additional insight into etiology and peri-hematoma changes.

CONCLUSION

ICH remains a life-threatening neurological emergency with high early mortality. Elderly patients with hypertension and low GCS at presentation are at highest risk. Early diagnosis