

FP30

Spontaneous intracranial haemorrhage in children: is it possible to establish prognostic factors?

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Introduction: Spontaneous intracranial hemorrhages are rare events in children, presenting high risk of death and permanent disability. Present work presents one year casuistic of a tertiary pediatric hospital in order to discuss epidemiology, clinical and diagnostic features, management and prognostic factors.

Methods: Report of one year casuistic (2012) of intracranial spontaneous hemorrhage and literature review. Prematurity hemorrhage was excluded.

Results: Ten cases were registered, five male, five female. Medium age was 9,3 years, ranging from 7 to 14 years. All patients had an acute clinical presentation of headache followed by consciousness deterioration. All cases had a CT scan confirming intracranial bleeding. In 5 cases, an arteriography unveiled an arterio-venous malformation (MAV). A ruptured arachnoid cyst was the cause of bleeding in two cases. Two cases had not identifiable etiologies despite of complete investigation. One case presenting subarachnoid diffuse hemorrhage had rapid progression to severe brain edema and death. The insertion of external ventricular drainage (EVD) was performed in two cases. The two ruptured arachnoid cysts were treated by insertion of a subdural drainage for a few days. Two patients required surgical evacuation of hematomas due to mass effect. Conservative treatment was the option in four cases. Of the patients who had ventricular inundation, one had permanent deficits and other had EVD associated ventriculitis. Seven patients had complete recovery.

Conclusions: Non traumatic intracranial hemorrhages in children and adolescents are rare, but potentially harmful. In accordance with previous literature, the more frequent etiology in our series was an AVM. Other entities may be involved and there are cryptogenic cases. Management might be individualized, cases presenting intracranial hypertension impose surgical treatment. Although bigger series are needed to establish statistically defined prognostic factors, volume and topography of the bleeding and occurrence of ventricular inundation with hydrocephalus seem to indicate a worse evolution.