

中文題目：高血壓引起的透明間隔腔的自發性腦出血：一病例報告

英文題目：Spontaneous Hemorrhage of The Cavum Septum Pellucidum Caused by Hypertension:
A Case Report

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Background:

Spontaneous hemorrhage of the cavum septum pellucidum (CSP) is a rare condition. Mass effect of the haematoma of cavum may block the foramen of monro, leading to hydrocephalus and increased intracranial pressure. We are reporting a case of spontaneous hemorrhage of the CSP caused by hypertension.

Case Report:

A 75-year-old female had past histories of diabetes mellitus, hypertension, and old cerebrovascular accident suffered from conscious disturbance for four hours. This time, she was brought to emergency department on July 17, 2017. Laboratory data revealed WBC, 12,100 / μ L; platelet count, 206,000 / μ L; c-reactive protein, 5.2 mg/L; creatinine, 0.7 mg/dL; K, 3.84 mmol/L; Ca, 8.9 mg/dL; hs-Troponin I, 8.10 pg/mL; glucose (random), 72 mg/dL. Arterial blood gas showed pH, 7.461; PCO₂, 30.8 mmHg; PO₂, 77.5 mmHg; HCO₃, 23.1 mmol/L; Base excess, -0/2 mmol/L.

Hypoglycemia was noted. So glucose supply was used, but the consciousness didn't recovery. Conscious level was E2V1M1. Brain computed tomography (CT) was done and it showed acute hemorrhage at callosal body, CSP. Her families declined surgical drainage recommended by a neurosurgeon due to old age. Then she was soon admitted to intensive care unit for further care. Hydration was given. Brain magnetic resonance imaging was cancelled due to hemodynamic instability. Carotid duplex revealed moderate atherosclerotic change over bilateral common carotid artery. CXR showed haziness and crowdness bronchovascular shadows increased in both perihilar region; suspect chronic inflammatory process. Sepsis workup was done. The empirical antibiotic with piperacillin sodium was administered for suspected sepsis. Progressive respiratory distress was found. Intubation was suggested for dyspnea. After discussion with all the family members, they all declined intubation. They all requested do not resuscitate according to patient's will. Standstill was noted on July, 22, 2017, she was then declared expired.

Conclusion:

The prevalence of CSP was 0.93% in those with brain CT. The hemorrhagic lesion in the CSP and corpus callosum is not common and it can be found in patients with brain trauma (diffuse axonal injury), aneurysms of the pericallosal artery, after ruptured arteriovenous malformations or intracranial tumors. CSP are unusual variants and usually asymptomatic, but their expansion or inside lesions can produce symptoms by mass effect. Major risk factors for intracerebral hemorrhage include: high blood pressure, diabetes, alcoholic drinks and current cigarette smoking.