

Transsylvian-transinsular Approach for the Removal of Basal Ganglia Hemorrhage under a Modified Intracerebral Hemorrhage Score~ A Preliminary Report

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以 MICH score 為準, 經薛氏裂移除自發性基底核出血

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Purpose : Spontaneous intracerebral hemorrhages account for 20% of all strokes. The Modified Intracerebral Hemorrhage score provides a simple, reliable system for decision-making regarding surgical treatment. The transsylvian-transinsular approach had previously been neglected due to the dependence on great surgical experience. We believe this approach not only compares favorably with the minimally invasive surgery concept but also preserves most of the cerebral functional cortex with a maximum hematoma evacuation rate.

Material and methods: From May 2007 to September 2008, a single surgeon treated 32 patients with basal ganglia hemorrhage using the transsylvian-transinsular approach. Of these, 20 had MICH scores of 2-3; 5 had MICH scores of 4; and 7 had MICH scores of 5. After 24 post-operative hours, we evaluated the hematoma evacuation rate by a computed tomography scan. The functional recovery was evaluated by the Barthel Index at one, three and six months post-operatively.

Result: All data were analyzed according to MICH score. The hematoma evacuation rates were in the following order: MICH scores 2-3 (97%) > MICH score 4 (92%) > MICH score 5 (90%). Surgery-related mortality was MICH2,3 (0%) < MICH4 (20%) < MICH5 (43%). The BI of the MICH2,3 patients (n = 18) improved from 16.9 at one post-operative month to 41.94 at six post-operative months.

Conclusion : The transsylvian-transinsular approach for the removal of an ICH was not difficult, and it was found to be a safe method for treating a spontaneous basal ganglion ICH. In addition, this approach conformed with the spirit of minimally invasive surgery.

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