

Poster Presentation- 18

SPONTANEOUS INTRACEREBRAL HAEMORRHAGES FROM A SRI LANKAN TERTIARY CARE CENTRE: 5-YEAR DATA

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Introduction and Objectives

Epidemiological data on spontaneous intracerebral haemorrhage (sICH) is limited from South Asia. We sought to describe epidemiology of sICH in a Sri Lankan cohort.

Methods

We studied all patients with stroke admitted to the Stroke Unit, Colombo North Teaching Hospital over five years. Data from sICH patients regarding treatment seeking delays, clinical characteristics, risk factors, stroke severity and functional outcome were compared with ischaemic stroke (IS) patients.

Results

984 patients (mean age 58.7 years; 62.1% males) were studied: sICH 15.0% (147 patients), IS 85.0%. sICH patients: mean age 58.0 years; 67.3% males. sICH patients presented to hospital earlier (<3h sICH 70.6%, IS 37.2%, $p<0.001$) and had more severe strokes (NIHSS>15) (sICH 21.3%, IS 12.2%; $p<0.001$). Hypertension was commoner in sICH group (sICH 72.6%, IS 63.5%; $p=0.034$), whereas diabetes (sICH 39.0%, IS 51.6%; $p=0.005$) and smoking (sICH 16.6%, IS 25.5%; $p=0.021$) were less common. Altered consciousness (sICH 30.3%, IS 18.3%; $p=0.001$), dysphagia (sICH 55.9%, IS 34.4%; $p<0.001$), bladder involvement (sICH 56.6%, IS 28.7%; $p<0.001$), and seizures (sICH 4.1%, IS 1.5%; $p=0.029$) were commoner among sICH patients. sICH patients had more severe disability on discharge (Barthel index 0-60: sICH 71.1%, IS 45.2%; $p<0.001$; modified Rankin scale (mRS) 3-6: sICH 76.7%, IS 52.1%; $p<0.001$). sICH location (lobar vs. deep) and presence of intraventricular haemorrhage was not associated with stroke severity. Lobar ICHs had more severe disability on discharge (Barthel index <60: $p=0.037$; mRS \geq 3: $p=0.020$).

On logistic regression, sICH was independently associated with early presentation to hospital (OR 1.79; $p=0.039$), and severe disability on discharge (Barthel index <60: OR 2.42, $p=0.028$; mRS \geq 3: OR 2.70, $p=0.012$).

Conclusions

sICH patients sought medical attention early and had different clinical profiles, more severe strokes and more severe disabilities.