

A case report of intra cerebellar hemorrhage following lumbar spinal canal stenosis surgery ; at semnan kowsar hospital

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Introduction

Intracranial hemorrhage (cerebellum) is one of the rare complications of spinal surgeries that leads to mortality, morbidity, and increased treatment costs. The researchers believe that the cause of intra cerebellar hemorrhage is venous infarction resulting from the loss of CSF during surgery . The aim of this report is to examine the possible causes of this complication and potential preventive measures.

Result

Cerebellar bleeding, which results from increased CSF leakage, leads to stretching and obstruction of the superior vermian veins. It seems that one of the ways to prevent the occurrence of this type of ICH is to use a waterproof dressing after the dura is opened . This problem can occur in all 3 positions: supine, prone, and sitting; therefore, there is no specific relationship between the position and the incidence of this condition . In patients with CSF loss during surgery, careful attention and care must be taken postoperatively . The intra Cerebellar hemorrhage should be considered in patients with unexplained decreased level of consciousness after spinal surgery. It should be noted that the worsening of neurological symptoms after surgery requires imaging of the brain to rule out or confirm ICH. The presence of cerebellar hemorrhage and hydrocephalus is a sign of a worse outcome for the patient .

Case report

A 63-years-old female patient with a history of high blood pressure , diabetes , and previous surgery for laminectomy and fusion at L3-L5 underwent surgery for lumbar spinal canal stenosis . All tests in the paraclinic were normal, and the ejection fraction was around 55%. During the surgery, there was bleeding of about 1 liter, but the patient remained hemodynamically stable. 24 hours after the surgery , the patient experienced a decrease in consciousness , and a brain CT scan showed signs of bleeding in the cerebellum . After a week , the patient's level of consciousness returned to normal status , and she was discharged from the hospital with full consciousness and stable vital signs .

Conclusion

The best method for preventing the occurrence of ICH during spinal surgery is to prevent the rupture of the meninges during the procedure. In the event of a rupture, it is recommended to quickly repair the meninges without losing time and to prevent CSF leakage. If this complication occurs, the best approach is supportive care for the patient, and if necessary, therapeutic intervention in the form of reducing CSF pressure to prevent brain damage .