

**PP130 INTRACEREBRAL
HEMORRHAGE IN CHILDREN**

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INTRODUCTION

Intracerebral hemorrhage (ICH) among children is relatively rare but often devastating disease, leading to high morbidity and mortality in this population. It could be traumatic or non-traumatic (spontaneous intracerebral hemorrhage) and contributes for almost half of the cases of stroke in paediatrics population. Due to the rarity of this entity and potentially fatal consequences, it constitutes a diagnostic and therapeutic challenges to the physician.

CASE REPORT

A 14-year-old Boy with no known medical illness presented with history of fever and cough for 4 days, headache and persistent vomiting for 2 days. He also presented with sudden onset of right sided body weakness and slurring of speech for one day. Patient was previously well and has no history of trauma or fall prior to presentation. Vitals upon arrival; T :38°C, BP, PR 94, RR 24, SPO2 100% RA, DXT 8.0 mmol/l. After 30 minutes in ED, patient appeared restless and drowsy with GCS of 11/15 (E4V1M6). He had multiple episode of fitting of more than 5 minutes which were aborted with IV Valium. He was then intubated for cerebral protection and was sent for CT brain. CT brain finding shows left intraparenchymal and intraventricular bleed and was managed conservatively. Final diagnosis is made as spontaneous intracerebral hemorrhage following fever and thrombocytopenia. Patient passed away after 2 days admission in the ward.

DISCUSSION AND CONCLUSION

The most common cause of spontaneous ICH in children are found to be vascular malformations, aneurysm, and cavernous angioma. Other causes include acquired or congenital bleeding disorders. However, there is no underlying identifiable cause in many cases. In paediatric patients, the most common symptoms of ICH include headache, vomiting, impaired neurological deficits and convulsions. A high index of suspicion is extremely importance in early recognition and management of children with this problem.