

B/L Basal Ganglia Bleed(Spontaneous)

Manish Uprety*

Kathmandu University School of Medical Sciences (KUSMS), Dhulikhel, Nepal

Citation: Manish Uprety. B/L Basal Ganglia Bleed(Spontaneous). *Int Clinc Med Case Rep Jour.* 2022;1(1):1.

Received Date: 14 June, 2022; **Accepted Date:** 16 June, 2022; **Published Date:** 18 June, 2022

***Corresponding author:** Manish Uprety. Kathmandu University School of Medical Sciences (KUSMS), Dhulikhel, Nepal.

Copyright: © Manish Uprety, Open Access 2022. This article, published in *Int Clinc Med Case Rep Jour* (ICMCRJ) (Attribution 4.0 International), as described by <http://creativecommons.org/licenses/by/4.0/>.

CLINICAL IMAGE

A 23-year-old man without any significant past medical presented to the emergency department due to Loss of Consciousness followed by abnormal body movement, generalized tonic-clonic type, witnessed by a friend. A CT brain without contrast was obtained, which demonstrated a bilateral Intracerebral Hemorrhage (ICH). Spontaneous bilateral intracerebral hemorrhage is an exceedingly rare condition, with only 30-40 reported cases. This patient had a non-traumatic ICH without focal neurological deficits on presentation. Clinicians should keep a broad differential similar to causes of spontaneous non-traumatic unilateral ICH, including uncontrolled hypertension, tumor mass, coagulopathies, and vasculopathy. Although brain CT is the most appropriate study in the acute setting, MRI is the gold standard for definitive diagnosis and should be performed urgently to characterize the lesions further. Clinicians should be aware of non-traumatic ICH complications, including aspiration pneumonia, quadriparesis, hemiparesis, and recurrent stroke. Management is supportive mainly by reducing risk factors for difficulties, including blood pressure control, aspiration precautions, reversing coagulopathies, frequent neurological checks, and consultation with multiple disciplines such as neurosurgery or neuro-interventional radiology.

