

THESES

SURGICAL TREATMENT AND PREDICTIVE FACTORS IN SUBARACHNOID HEMORRHAGE (ABSTRACT)*. **THESIS. CAMPINAS, 2003.**

*GUILHERME BORGES***

Spontaneous subarachnoid hemorrhage is mostly caused by ruptured saccular aneurysms. Patient clinical condition is important to establish the best treatment. Some scales are able to predict patient clinical status and the most useful are the Hunt & Hess classification and the World Federation of Neurosurgical Societies scale. Among neurological complications rebleeding, vasospasm, hydrocephalus, intracerebral hematomas and seizures are frequently found after subarachnoid hemorrhage.

The aim of this study was to assess several factors that could be related to outcome such as preoperative clinical status, gender, age, color, hypertension, smoking, site and size of aneurysm, admittance Hunt & Hess classification, surgical complications, timing of surgery, vasospasm and rebleeding.

CT (computed tomography) findings are important in the prognostic evaluation. Fisher et al. suggested a graded scale based on the blood amount seen in the CT to foresee the risk of clinical and angiography vasospasm. Vasospasm is the most common complication of subarachnoid hemorrhage and is a clinical condition similar to cerebrovascular disease that occurs in the onset or later after a subarachnoid hemorrhage.

The importance of establishing predictive factors is to predict high-risk patients and to improve

treatment, justifying our investigation to find possible factors that could determine the prognosis of this life threatening disease. Patients studied were mainly female, white, without previous history of hypertension and non-smokers. Upon hospital admittance Grade II of Hunt & Hess classification was the most frequently observed, while grade III of Fisher's scale was the most prevalent. The anterior circulation was the commoner location of the aneurysms. Admittance Hunt & Hess and presence of complications during surgical procedure showed strong correlation with clinical outcome ($p=0.00002$ and $p=0.001$, respectively).

Other data did not show correlations with prognosis. Tendency of proportion was observed between Hunt & Hess classification and Fisher grade. The mortality rate observed in the presented series was 23%, 22.5%, 11.7%, 8%, and 17% respectively, according to recent series published elsewhere.

Conclusion: Among epidemiological data, previous medical history and presenting conditions of patients with ruptured aneurysms, Hunt & Hess classification is the variable that better predicts surgical outcome.

KEY WORDS: cerebral aneurysm, subarachnoid hemorrhage, cerebral vasospasm, outcome.

* Tratamento cirúrgico e fatores preditivos da hemorragia subaracnóide (Resumo). Tese de Livre-Docência, Universidade Estadual de Campinas, UNICAMP (Área: Neurocirurgia).

**Address: Rua Visconde do Rio Claro 322 - 13083-650 Campinas SP, Brasil. E-mail: guiborges@fcm.unicamp.br

USE OF THE FLAIR SEQUENCE IN THE MAGNETIC RESONANCE EVALUATION OF NEUROCYSTICERCOSIS (ABSTRACT)*. **THESIS. SÃO PAULO, 2003.**

*MARCELO DOS SANTOS GUEDES***

Neurocysticercosis is an infectious disease of parasitic origin characterized by the involvement of the central nervous system (CNS) by the larval form of the *Taenia solium*, being considered one of the more frequent infectious diseases in this location in humans. It represents an important public

health problem, for most of the developing countries. Recent data mention 50,000 deaths a year and not less than 20 million people infected by the cysticerci, in the world.

The objectives of this study were: to evaluate the usefulness of the magnetic resonance (MR)