**Article** 3



### Images in clinical medicine



# Massive intraventricular hemorrhage caused by giant intracranial aneurysms

Hassan Baallal, Ali Akhaddar

Corresponding author: Hassan Baallal, Department of Neurosurgery, Avicenne Military Teaching Hospital, University

Caddi Ayyad, Marrakech, Morocco. baallalnch@gmail.com

Received: 05 Apr 2021 - Accepted: 14 Apr 2021 - Published: 24 Aug 2021

**Keywords:** Intraventricular, hemorrhage, giant, intracranial aneurysms

**Copyright:** Hassan Baallal et al. Pan African Medical Journal (ISSN: 1937-8688). This is an Open Access article distributed under the terms of the Creative Commons Attribution International 4.0 License (https://creativecommons.org/licenses/by/4.0/), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

**Cite this article:** Hassan Baallal et al. Massive intraventricular hemorrhage caused by giant intracranial aneurysms. Pan African Medical Journal. 2021;39(262). 10.11604/pamj.2021.39.262.29187

Available online at: https://www.panafrican-med-journal.com//content/article/39/262/full

## Massive intraventricular hemorrhage caused by giant intracranial aneurysms

Hassan Baallal<sup>1,&</sup>, Ali Akhaddar<sup>1</sup>

<sup>1</sup>Department of Neurosurgery, Avicenne Military Teaching Hospital, University Caddi Ayyad, Marrakech, Morocco

#### \*Corresponding author

Hassan Baallal, Department of Neurosurgery, Avicenne Military Teaching Hospital, University Caddi Ayyad, Marrakech, Morocco

#### Image in medicine

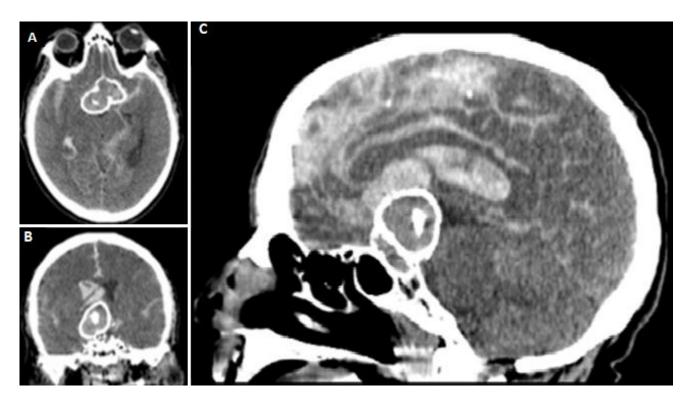
A 76-year-old man presented to the emergency department with a 2-month history of progressive headache, nausea, vomiting, irritability, and left focal seizures beginning as paresthesia's and tonic clonic movements of the left lower limb subsequently spreading to the left upper limb. His medical history was notable for untreated hypertension and hyperlipidemia. He had been an active smoker for more than 20 years, and his father had died suddenly at 62 years of age from an unknown cause. There was no fever and no weight loss. At the time of admission her glasgow coma score (GCS) was 15 and there was no focal

## **Article** 3



neurological deficit. The patient's blood pressure was 160/80mmHg. Three hours later a brutal neurological fall-down was noticed after with a severe left sided hemiparesis. His blood test results, including complete blood count, erythrocyte sedimentation rate (ESR), and C-reactive protein (CRP) level were in the normal range. Brain computed tomography scan discovered a bilobed

and bihemispheric huge mass (60 and 52 mm in diameter) of both frontal lobes with diffuse intraventricular hemorrhage necessitating emergent placement of an external ventricular drain, and the patient was admitted to the intermediate care unit.



**Figure 1**: (A,B,C) brain computed tomography scan discovered a bilobed and bihemispheric huge mass (60 and 52 mm in diameter) of both frontal lobes with diffuse intraventricular hemorrhage