Asymptomatic Intracerebral Hematoma as an Incidental Finding

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Intracerebral hemorrhage is being diagnosed with increasing frequency in less severely ill "stroke" patients. 1-3 An unexpected basal ganglia hemorrhage was diagnosed by computed tomographic (CT) scan in an asymptomatic 59-year-old woman. The scan was obtained as part of the diagnostic evaluation of a seizure disorder of 18 years' duration. This further expands the clinical spectrum of intracerebral hematoma.

REPORT OF A CASE

A 59-year-old right-handed woman came to the Strong Memorial Hospital Neurology Clinic, Rochester, NY, in January 1978 for evaluation of a seizure disorder. Her seizures began at age 41 years and were of the partial-complex type, with alteration of consciousness and motor automatisms. Seizures were controlled with phenytoin sodium, phenobarbital, and primidone. Several EEGs showed paroxysmal bitemporal slowing. She had a long history of treated hypertension, chronic renal failure, adequately treated syphilis (with a negative CSF VDRL), severe degenerative joint disease, and marked obesity.

In searching for a lesion that was responsible for her seizure disorder, a CT scan was done. On Feb 1, 1978, a routine outpatient CT scan of the head, without contrast enhancement, showed a small left basal ganglia hematoma, without significant mass effect or midline shift (Fig 1). Later that day the patient was unavailable because she had gone shopping. On Feb 2 she declined to return because she was feeling well. She denied headache, seizures, or nausea.

On Feb 8 she came to the clinic on the urging of her physician. Other than slight lethargy, unilateral asterixis, and minimally slowed movements of her right upper extremity, she had no abnormal neurologic signs. Her blood pressure was 200/120 mm Hg. A second CT scan on Feb 8 showed the hematoma to be slightly larger but of decreased density, again without shift of midline structures (Fig 2). She was admitted for observation. Her blood level of phenobarbital was 41 μ g/mL; with reduc-

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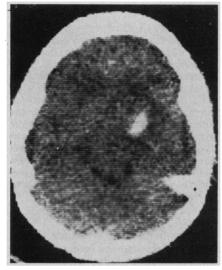


Fig 1.-Left basal ganglia hemorrhage.

tion of dosage, her mental state quickly returned to normal and her asterixis and slowed right arm movement quickly resolved.

On Feb 17 a third CT scan showed resolution of the intracerebral hematoma, with some residual decreased density thought to represent edema (Fig 3). She has since had only occasional partial-complex seizures and intermittent symptoms of uremia.

COMMENT

In this patient, a CT scan was done as part of an evaluation of a seizure disorder; the finding of a fresh, small basal ganglia hemorrhage was unexpected. In fact, the patient came to the hospital alone by bus, and following her CT scan went shopping. She felt well during the entire time surrounding the hemorrhage.

Computed tomographic scanning is highly sensitive in detection of small hemorrhages. Computed tomographic findings of intracerebral hemorrhage and patterns associated with hemorrhages in various locations have been described. However, the occurrence of a clinically unnoticed intracerebral hemorrhage diagnosed by CT scan done for other reasons has not been previously recorded.

This case demonstrates that clinically unnoticed intracerebral hemorrhage can occur, and may be more frequent than is appreciated.

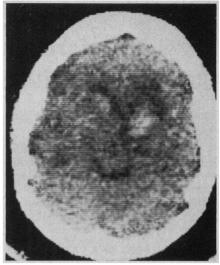
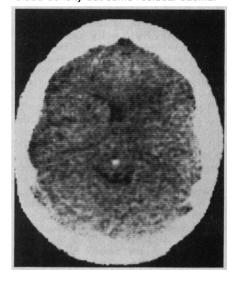


Fig 2.—Scan obtained seven days after scan in Fig 1 shows hematoma partially resolved, with surrounding edema.

Fig 3.—Scan obtained 17 days after scan in Fig 1 shows complete resolution of blood density but some residual edema.



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