

## SSG CASE REVIEW: Trans-Sulcal Surgical Approach Intracerebral Hemorrhage

### Clinical Presentation

The patient is a 50-year-old male with a history of hypertension who had been experiencing confusion and left hemiparesis (measured 4-/5 MRC) for 72 hours. He presented with **left-side neglect, sensory extinction, NIHSS of 7, and ICH score of 2**. Partial left homonymous hemianopsia was also noted. CT scan demonstrated a **right-side parietal ICH with mild to moderate intraventricular extension**. No hydrocephalus or cortical extension was seen.

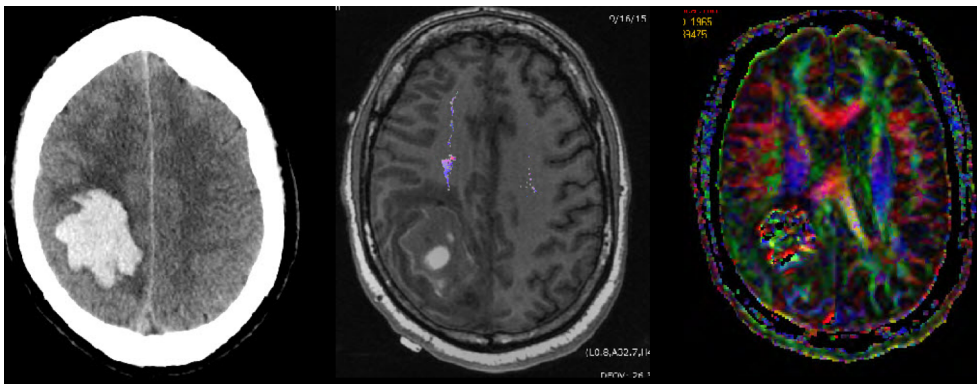
### Surgical Management

ICH volume was calculated as 40cc and pre-operative tractography indicated anterior deviation of the motor tract. **A right superior parietal trans-sulcal approach was planned to avoid the optic radiations and sensorimotor cortex**. A 50mm sheath was cannulated to midpoint of the hematoma. Complete evacuation was performed with the aid of suction, bipolar, irrigation, and microdissectors.

### Clinical Course and Outcomes

Post-operatively, **immediate improvements** were seen by an NIHSS of 1 and strength score of 4+/5 (MRC) correlating with **100% evacuation**. Additionally, the patient's **homonymous hemianopsia resolved**. He spent four days in the neuro stepdown unit and was then transferred to acute rehab for four days before being discharged home. At his one-month follow-up, only residual left foot weakness was reported.

#### Pre-Op Scans



#### Post-Op Scans



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