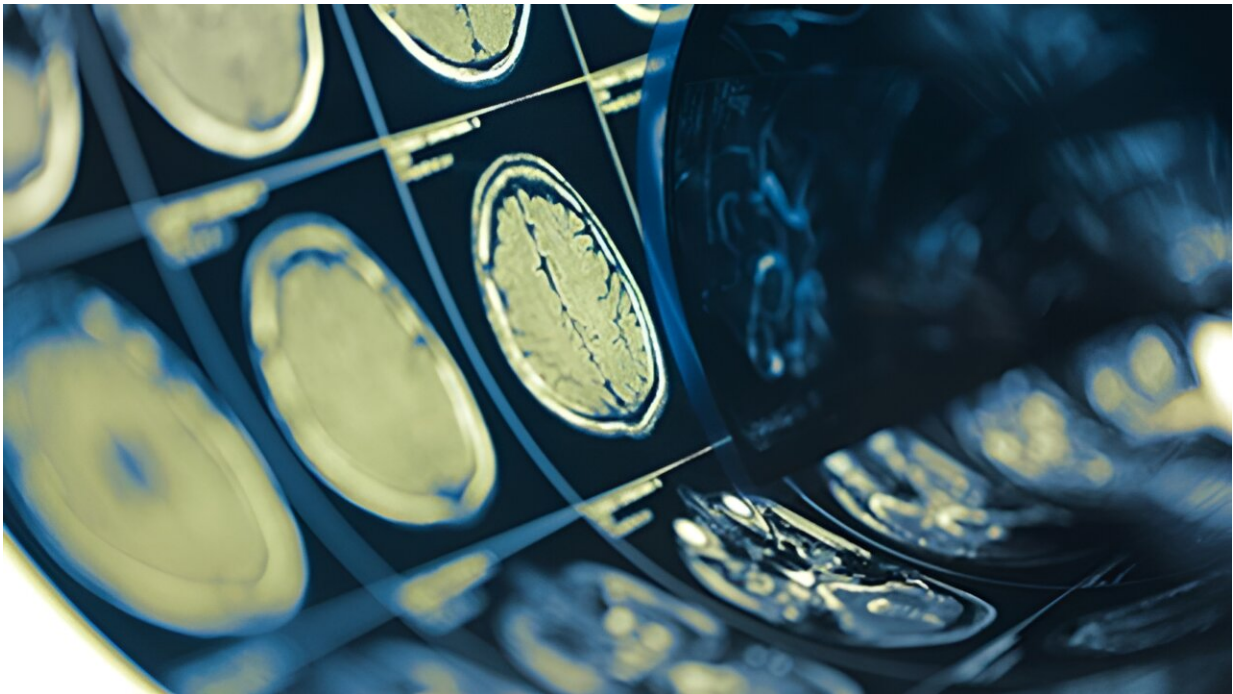


Surgical removal beneficial for acute intracerebral hemorrhage

April 11 2024, by Elana Gotkine



For patients with an acute intracerebral hemorrhage, minimally invasive surgical removal is associated with improved outcomes, according to a study published in the April 11 issue of the *New England Journal of Medicine*.

Gustavo Pradilla, M.D., from the Emory University School of Medicine

in Atlanta, and colleagues randomly assigned patients with a lobar or anterior basal ganglia [hemorrhage](#) with a hematoma volume of 30 to 80 mL within 24 hours after the time they were last known to be well to minimally invasive surgical removal of the hematoma plus guideline-based [medical management](#) or guideline-based medical management alone in a 1:1 ratio. Three hundred patients were enrolled: 30.7 and 69.3 percent had anterior basal ganglia and lobar hemorrhages, respectively. An adaption rule was triggered after 175 patients had been enrolled and only persons with lobar hemorrhages were enrolled.

The researchers found that the mean score on the utility-weighted modified Rankin scale was 0.458 and 0.374 at 180 days in the surgery and control groups, respectively (posterior probability of superiority of surgery, 0.981). Among patients with lobar hemorrhages and patients with basal ganglia hemorrhages, the mean between-group difference was 0.127 and -0.013 , respectively. The percentage of patients who had died by 30 days was 9.3 and 18.0 percent in the surgery and control groups, respectively. In the surgery group, five patients (3.3 percent) had postoperative rebleeding and neurological deterioration.

"Weighted disability scores were better with [surgery](#) plus medical management than with medical management alone," the authors write. "The result was apparently attributable to intervention for lobar supratentorial hemorrhages."

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More information: Gustavo Pradilla et al, Trial of Early Minimally Invasive Removal of Intracerebral Hemorrhage, *New England Journal of Medicine* (2024). [DOI: 10.1056/NEJMoa2308440](https://doi.org/10.1056/NEJMoa2308440)

A. David Mendelow, New Hope for Adults with Lobar Intracerebral Hemorrhage, *New England Journal of Medicine* (2024). [DOI:](#)

[10.1056/NEJMe2401643](https://doi.org/10.1056/NEJMe2401643)

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