Presidential Address

The Future of the Surgical Treatment for Hypertensive Intracerebral Hemorrhage

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The surgical treatment for hypertensive intracerebral hemorrhage has been tried for 60 years since Cushing's first trial. The results so far obtained, however, were so unsatisfactory that the progress of the treatment is by no means remarkable. Recently the great advancement in surgery has made us possible to get rather good results from this treatment. We operated on 43 cases of the most severe type of intracerebral hemorrhage which, except a few, were condemned hopeless by the conservative treatment. Twenty-four of them recovered well and some of those patients even resumed their work.

It is considered that the patients of comparatively less severe type should be operated on actively, as the previous cases of this type showed dramatic recovery after operation. The operation on the cases with hematoma smaller than walnut in size has some difficult problems.

Cerebral angiography and echoencephalography are contributable to decide the surgical indication. Especially, the hematoma echo in echogram, proposed by us for the first time, has been proved very important for local diagnosis of hematoma.

Among the methods of operation, the most ideal is the trephination with total evacuation of hematoma using trephine of 4 cm in diameter.

If nerve adhesive is developed and the cut nerve fibres are connected with it, hemiplegia will easily be improved after the internal capsula hematoma has been evacuated.

Postoperative care should be done concentrating on an early recovery of cerebral function, the prevention of lung complication and the treatment of gastroduodenal bleeding, to which gastric cooling is effective and its active application will be recommended in future.

Thus, the surgical treatment for hypertensive intracerebral hemorrhage is believed to advance as the better results will be expected with the progress in diagnostic technique, the establishment of surgical indication, and proper postoperative care.

Presented at the 23rd Annual Meeting of the Japan Neurosurgical Society, Morioka City, Japan, September 24, 1964.