

THE ROLE OF IMAGING IN SUBARACHNOID HEMORRHAGE IN CHILDREN

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A seven month-old baby was admitted to the emergency department due to irritability changing to lethargy that started two hours prior to his arrival. The physical examination did not reveal any abnormal finding. Laboratory results were all within normal range. Air enema was normal. Computerized tomography revealed a subarachnoid hemorrhage without a skull fracture. Bone scan and psychosocial evaluation ruled out child abuse and magnetic resonance imaging and angiography did not reveal any vascular malformation. During his hospitalization the child developed focal neurological signs. On computerized tomography a large intracranial hemorrhage was discovered. Angiography revealed a ruptured aneurism branching from the middle cerebral artery. An emergency operation was performed during which the aneurism was corrected. The child was discharged to his home after twenty days with a mild neurological deficit. Irritability in young children is a common complaint usually related to minor medical conditions, however there is a large differential diagnosis that encompasses other medical conditions that pose a threat to the child's health. In any case of a subarachnoid hemorrhage one should consider the possibility of child abuse and perform a full work-up to rule it out. The alert level of consciousness in this case obliged performing central nervous system imaging. The contribution of each modality should be considered and the pitfalls recognized. In this case, M.R.I / M.R.A, which some consider to be the gold standard procedure in diagnosing central nervous system vascular malformation, failed to diagnose the aneurism and only by angiography the correct diagnosis was reached.

