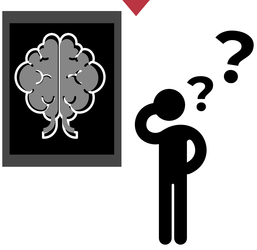
DIAGNOSTIC APPROACH to SUBARACHNOID HEMORRHAGE

Perry et al.

canadiem MVP INFOGRAPHIC SERIES

Background

Subarachnoid hemorrhage (SA) occurs in 1% of headache patients in the ED



CT is first line to detect it, but the sensitivity was *variable* and *decreased* the longer the patient waited to have a CT read.

If CT was negative, a lumbar puncture was used to be sure.

Is CT **alone** sensitive enough to catch subarachnoid hemorrhage?

Study Design

Prospective cohort at 11 tertiary care hospitals

Patients presented with acute non-traumatic headache or headache and syncope. All patients had a GCS of 15

Qualified blinded radiologists interpreted all CT scans

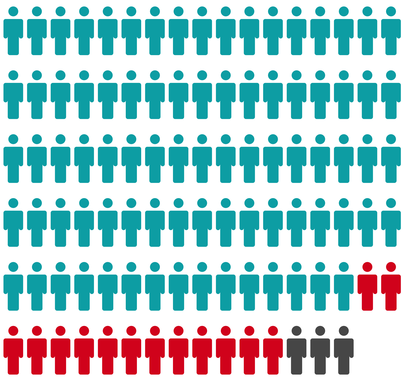
Results

The timer starts at the **onset of the patient's symptoms** (not when they arrive in the ED!)

CT Report Read <6 Hours

Identified (100%)

CT Report Read >6 Hours



Identified (82.93%) Missed (13.82%)

Missed by ED Physcian (3.25%)

BOTTOM LINE

IF a CT is read by a **qualified radiologist**

<6 Hrs from symptom onset

CT is **sufficiently sensitive** to detect subarachnoid hemorrhage

REFERENCES:
Perry, Jeffrey J., et al. "Sensitivity of computed tomography performed within six hours of onset of headache for diagnosis of subarachnoid haemorrhage: prospective cohort study." Bmj343 (2011): d4277.

This infographic was created by Lauren Beals and edited by Alvin Chin

canadiem