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IMAGES IN INTENSIVE MEDICINE

Improvement in cerebral hypoperfusion by stellate ganglion block in refractory vasospasm



Mejoría de la hipoperfusión cerebral mediante bloqueo del ganglio estrellado en el vasoespasmo refractario

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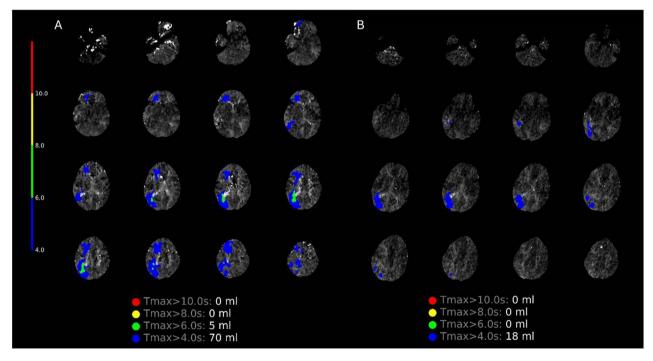


Figure 1

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A 42-year-old woman developed a subarachnoid hemorrhage (Hunt and Hess V, Fisher III) due to a saccular aneurysm in the right C6 segment. Although endovascular treatment with coils was performed, the patient developed diffuse vasospasm, leading to the initiation of medical therapy. Despite therapy, transcranial Doppler showed persistent vasospasm, prompting the administration of milrinone and subsequent intracranial vessel angioplasty, with partial results. Delayed refractory cerebral ischemia was evidenced on perfusion computed tomography (CT) (Fig. 1A). A stellate ganglion block was performed using bupivacaine and lidocaine. Follow-up transcranial Doppler ultrasound revealed improvement in vasospasm, confirmed by perfusion CT (Fig. 1B). This case describes the challenges faced in the management of refractory cerebral vasospasm and underscores the potential role of stellate ganglion block as a bailout therapy.

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Declaration of competing interest

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