

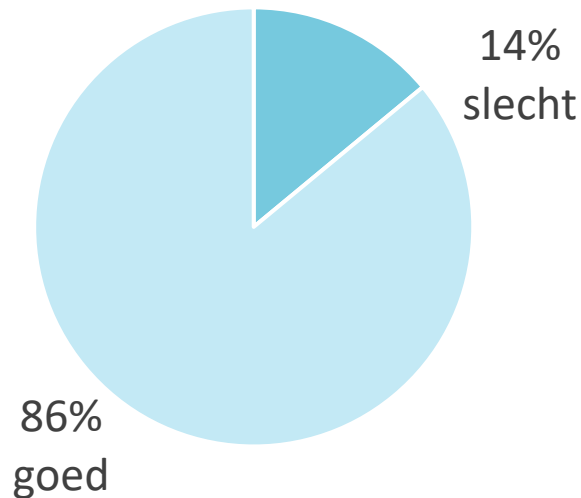
Behandeling van complicaties na een aneurysmatische subarachnoïdale bloeding

Marlien Aalbers, MD PhD

Neurovasculaire nascholing 09-01-2026

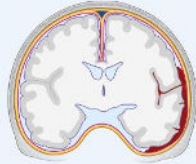
Radboudumc
university medical center

Uitkomst na 3 maanden WFNS 1-2



Booker, Neurosurg Open 2021

Early brain injury



↑druk
↓flow

afbraak
producten

ischemie

inflammatie

hydrocephalus

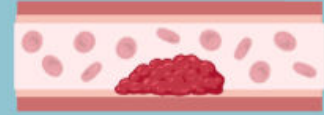
Systemisch



Longoedeem Cardiomyopathie SIRS

Delayed cerebral ischemia

protrombogene
toestand



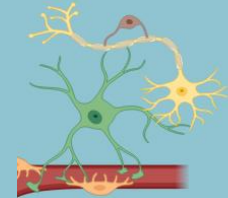
microtrombi

endotheel
dysfunctie

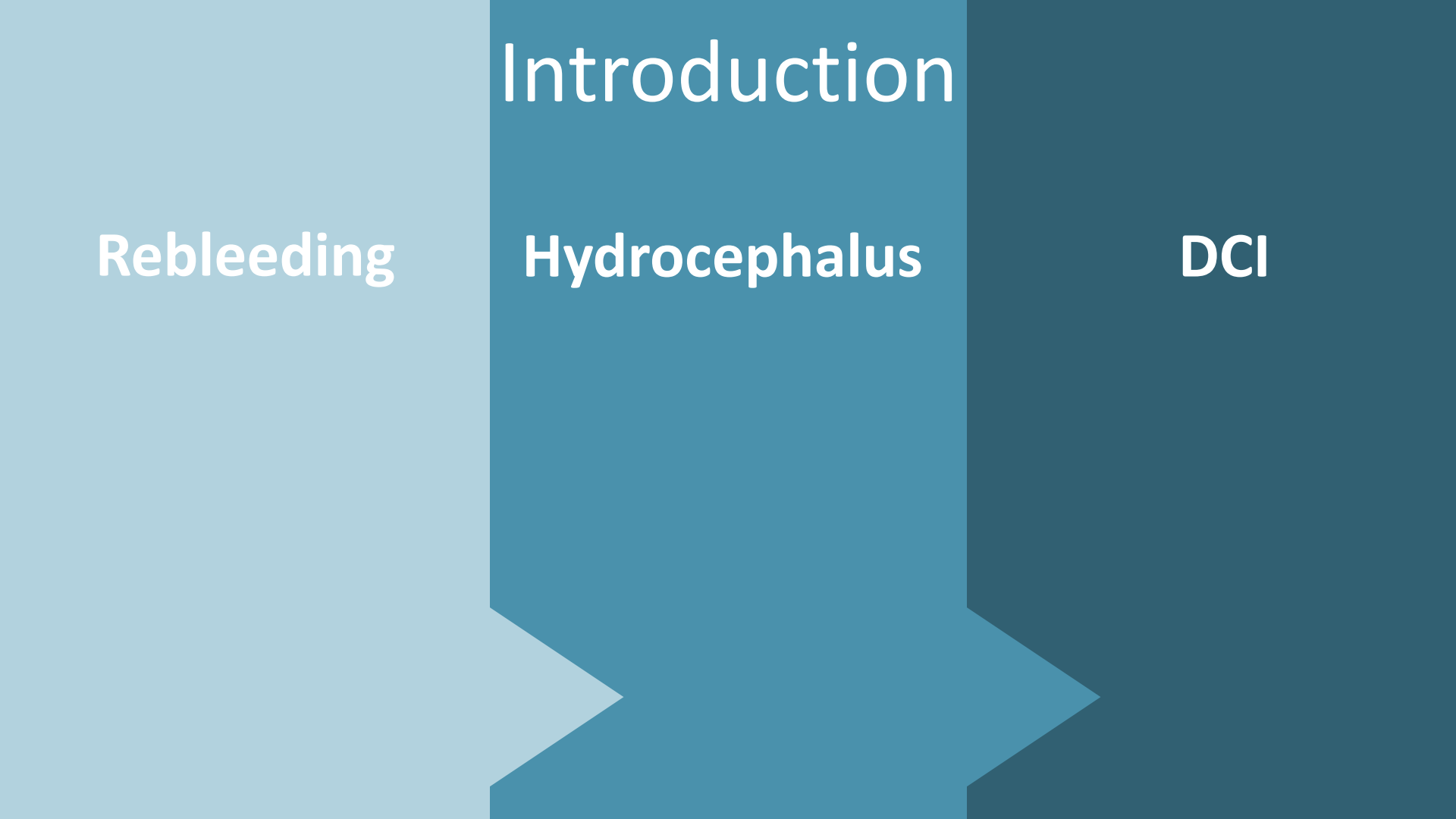


spasmen

cortical spreading
depolarization



hemodynamische
disbalans



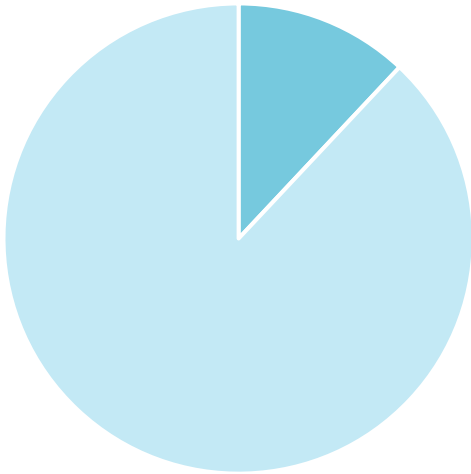
Introduction

Rebleeding

Hydrocephalus

DCI

Rebleed



11,1%

Risicofactoren

- Slechte klinische toestand
- Uitgebreide bloeding bij opname
- Karakteristieken aneurysma
- Systole >160 mmHg

Bloeddruk regulatie



Level of evidence C



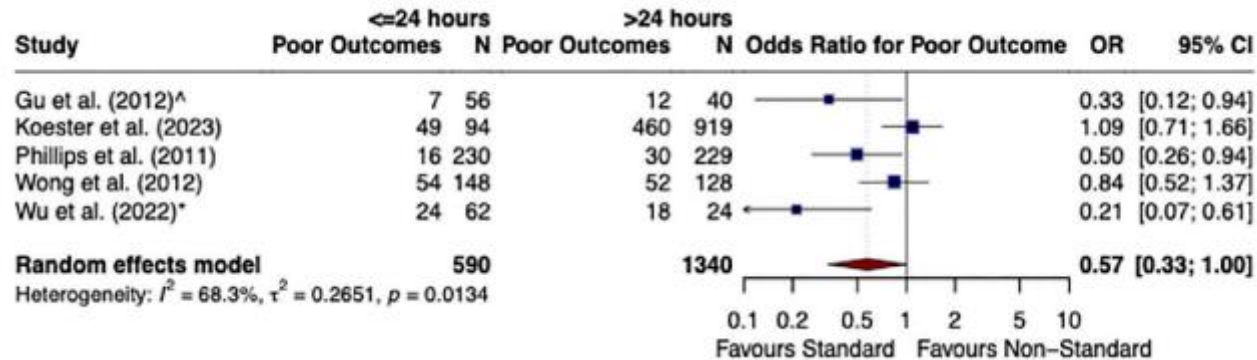
Bloeddruk controle met kortdurende medicatie



Ernstige hypertensie, hypotensie en bloeddruk schommeling
moet worden vermeden

Hoh, Stroke, 2023

Vroege behandeling (<24u)



Munasinghe, J Clin Neurosci, 2025

Ultra vroege behandeling

- Post hoc studie patiënten ULTRA trial (497)
- Slechte uitkomst in
 - 57% van patiënten behandeld <6 uur
 - 37% van patiënten behandeld 6-24 uur
 - adjusted RR: 1.36 (95% CI: 1.11-1.66)

Vergouwen, Eur Stroke J, 2023

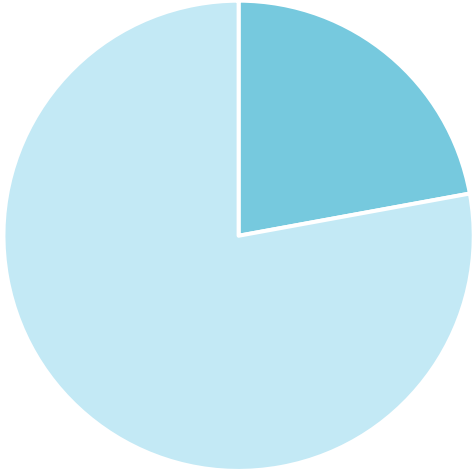
Vroege behandeling



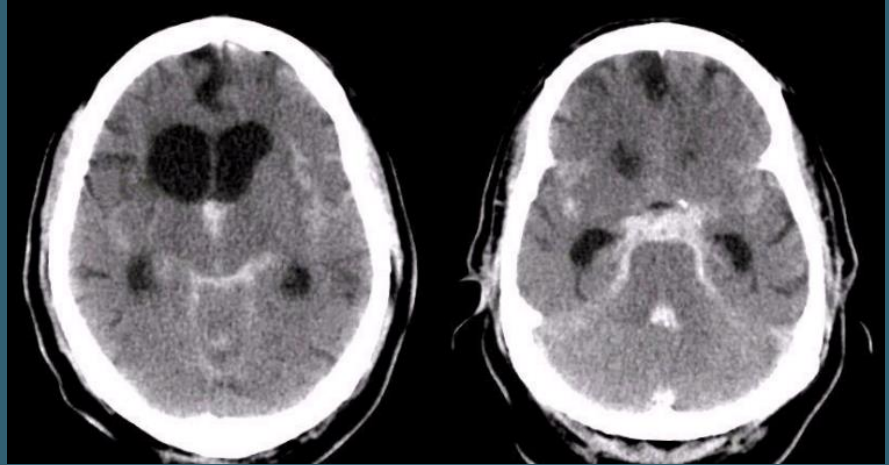
Level of evidence B

Behandeling binnen 24h

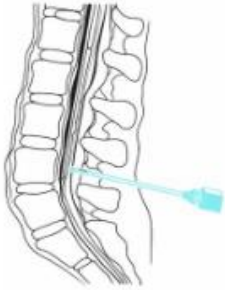
Acute hydrocephalus



20-30%



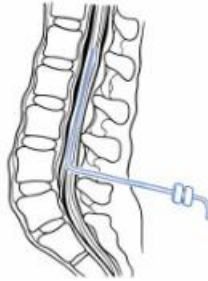
Lumbaal punctie



Level evidence C

- Minimaal invasief
- Snel

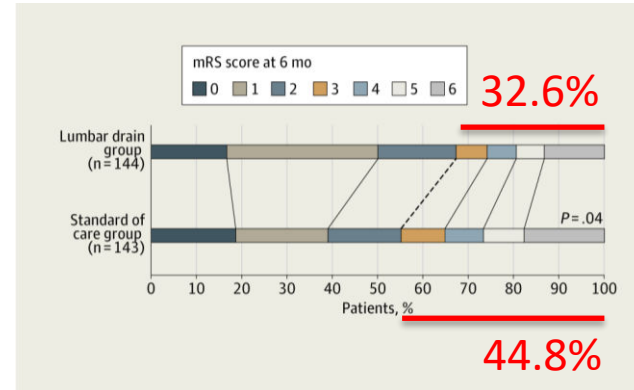
Lumbale drain



Level evidence A

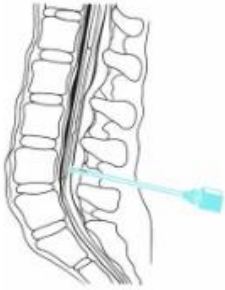
- Betere lange termijn uitkomst

EARLY DRAIN trial



Risk ratio 0.73
(95% CI 0.52-0.98, p=0,04)

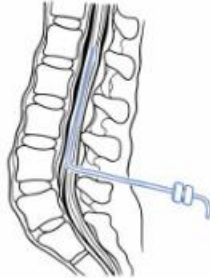
Lumbaal punctie



Level evidence C

- Minimaal invasief
- Snel

Lumbale drain



Level evidence A

- Betere lange termijn uitkomst

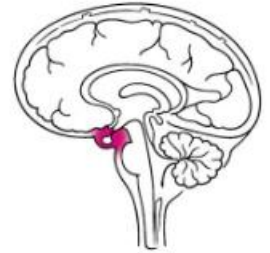
Ventrikel drain



Level evidence B

- Bij obstructie
- ICP monitoring

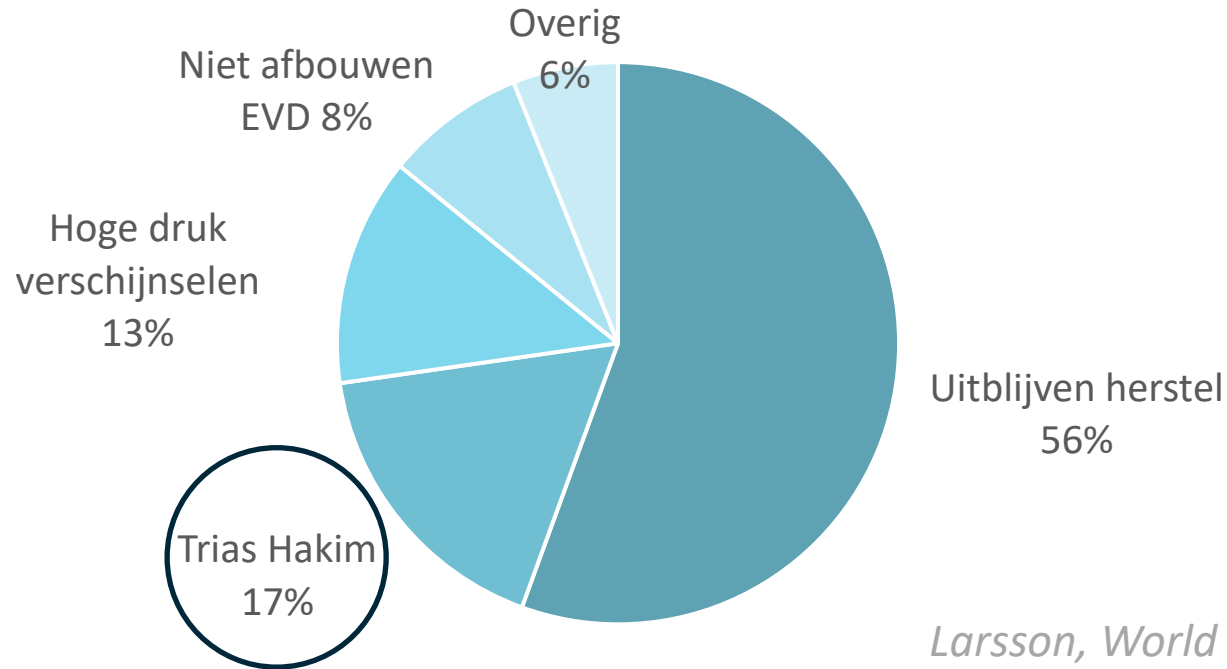
Cisternale drain



Level evidence C

- Geen standaard lamina terminalis fenestratie

Chronische hydrocephalus



Larsson, World Neurosurg 2025

Secundaire NPH

- Trias van Hakim
- Druk tussen 14-25 cm H₂O
- Evans index >0.30
- Betere shunt response dan idiopatische NPH

Daou Neurosurg Focus 2016

Behandeling van hydrocephalus

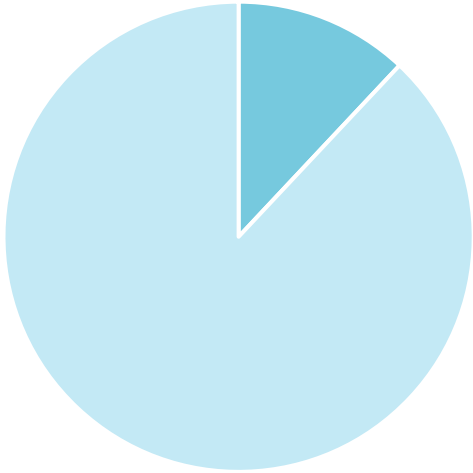


Level of evidence B

Permanente drainage verbetert neurologische uitkomst

Hoh, Stroke, 2023

DCI



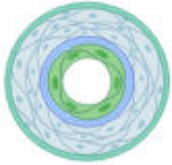
20%

Risicofactoren

- Slechte klinische toestand
- Hoeveelheid bloed
- Vrouw
- Vasospasmen
- Hydrocephalus

Xiao, World Neurosurg 2025

Geïnduceerde
hypertensie



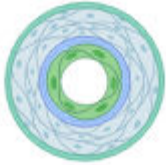
Level evidence B

1 RCT, vroegtijdig gestopt

Retrospectieve observationale studie 479 pt

Slechte uitkomst adjusted odds ratio 0.27
(95% CI, 0.14-0.55)

Geïnduceerde
hypertensie



Level evidence B

Medicamenteus

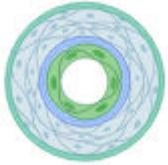


Level evidence A

Orale nimodipine verlaagt
risico op slechte uitkomst

RR 0.67 (95% CI 0.55-0.81)

Geïnduceerde
hypertensie



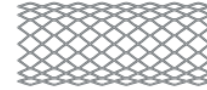
Level evidence B

Medicamenteus



Level evidence A

Endovasculair



Level evidence B

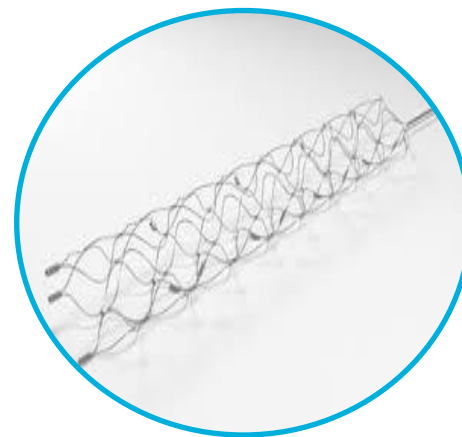
Endovasculaire behandeling



Intra-arteriële medicatie

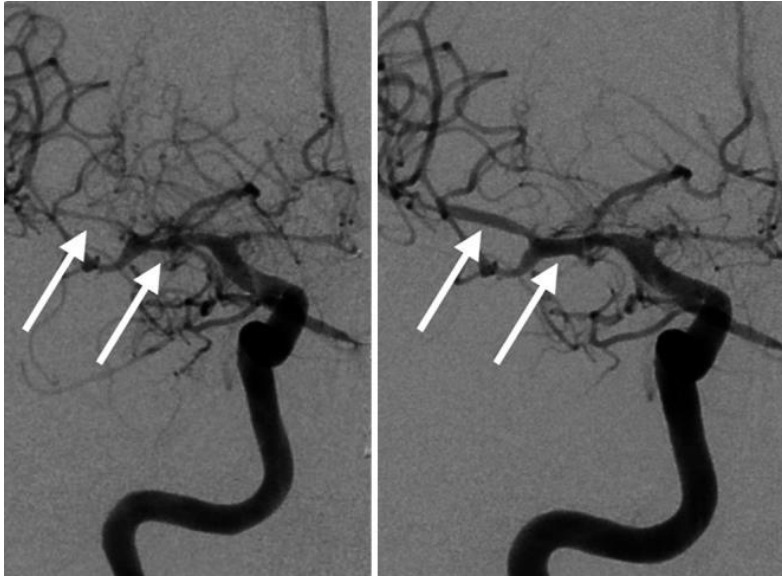


Ballon angioplastiek



Stentretriever

Intra-arteriële medicatie



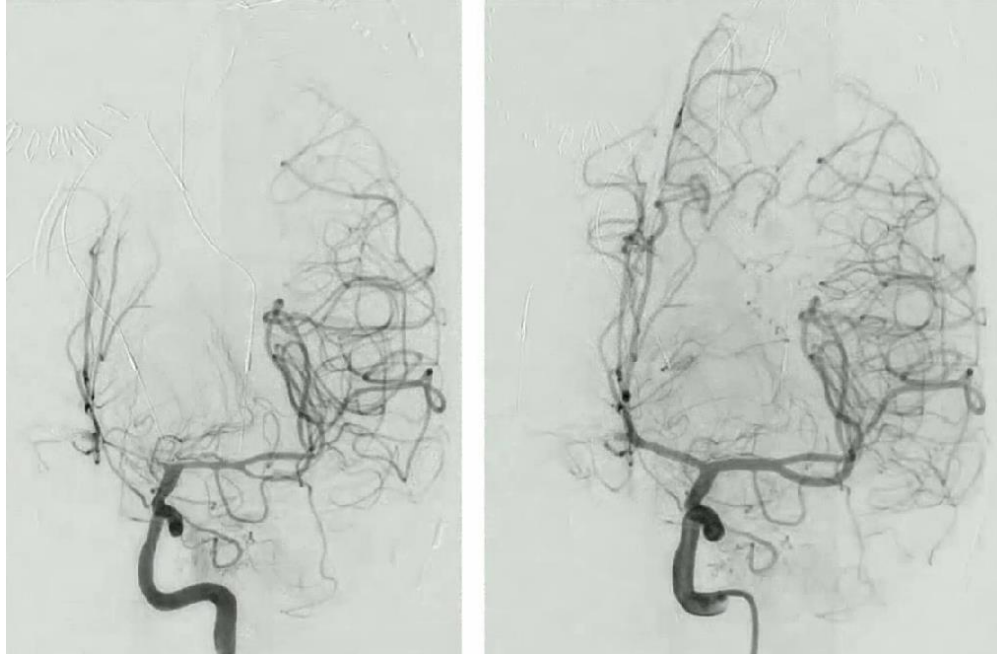
- Meta-analyse 55 studies
- Goede uitkomst
66% (95% CI 60% to 71%)

Venkatraman, JNIS, 2018

Ballonangioplastiek

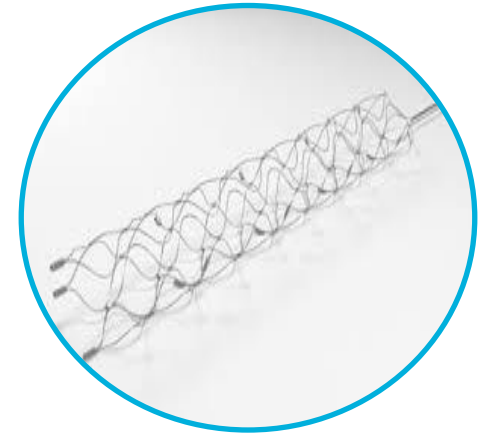


Ballonangioplastiek



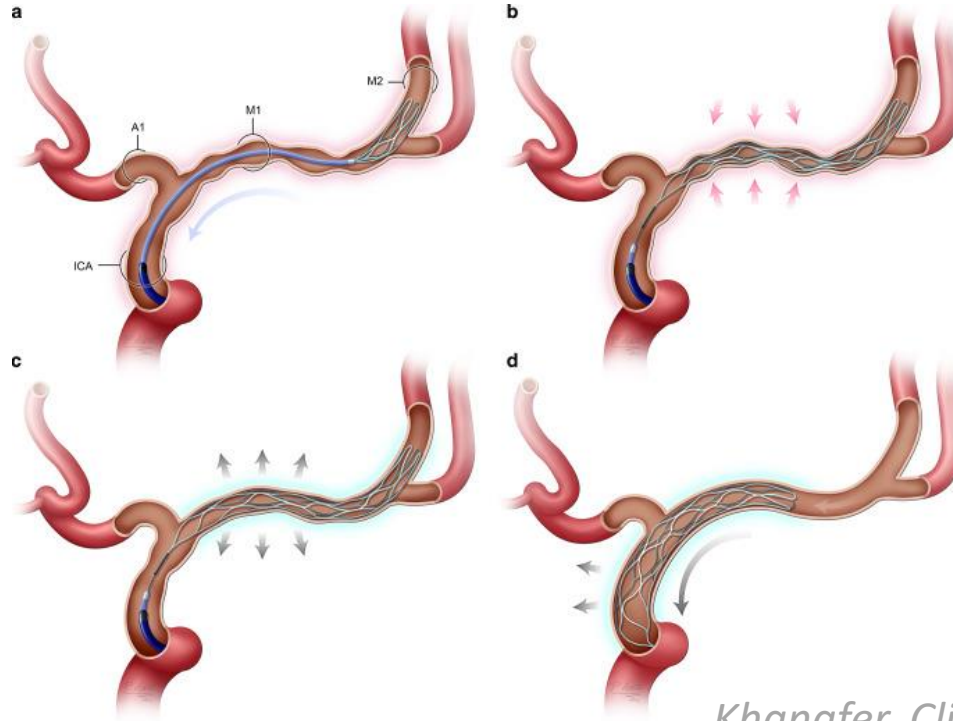
Stentangioplastiek

- Meta-analyse 156 patiënten
- Neurologische verbetering 65.9% (95% CI: 51.1–78.1)
- Complicaties 1.1% (95% CI: 0.0–3.6)

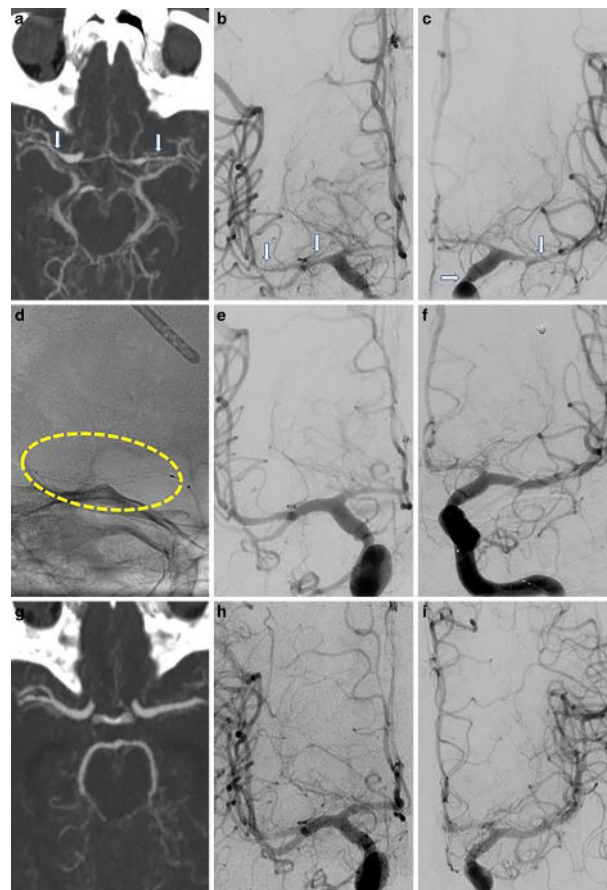


Cortese, AJNR, 2025

Stent retriever



Khanafer, Clin Neuroradiol, 2024



Nimodipine

Niet anders verklaarde
achteruitgang?



Hypertensie

Persisterende
achteruitgang?



Endovasculaire
rescue

CONCLUSIE

Complicaties zijn frequent en doorslaggevend voor de klinische uitkomst

sNPH en uitblijvend herstel zijn veelvoorkomende presentatie van hydrocephalus

ELD en nimodipine verbeteren aantoonbaar de klinisch uitkomst na SAB

Dank voor uw aandacht

Marlien.Aalbers@radboudumc.nl

