



Letter to the Editor

Korean J Anesthesiol 2021;74(3):280-281
<https://doi.org/10.4097/kja.20559>
pISSN 2005-6419 • eISSN 2005-7563

Received: October 13, 2020

Accepted: October 13, 2020

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Response to comment on “A rare case of Wilson disease associated with intracerebral hemorrhage”

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We would like to convey our gratitude to the readers for showing interest in our article [1]. In the InCiTe study on intracranial hemorrhage (ICH) in patients with thrombocytopenic hematology, a platelet count $< 50 \times 10^9/L$ is considered low enough to cause ICH [2]. We agree that the functional activity of platelets is a better marker for bleeding risk than the platelet count. However, a patient with ICH and confirmed uncal herniation on non-contrast computed tomography (NCCT) with pancytopenia, including thrombocytopenia, is an ideal candidate for platelet transfusion. The current practice of transfusing blood products based on viscoelastic hemostatic assays such as thromboelastography or rotational thromboelastometry is predominantly used in non-cardiac surgery with ongoing bleeding, usually intraoperatively, where there is an acute need for multiple blood transfusions [3].

In the recent literature, few case reports have reported the correlation of active cannabis smoking with ischemic and hemorrhagic cerebral stroke. Of the 107 neurovascular cases reported on active cannabis smokers, almost 84% were related to ischemic stroke [4]. Our patient was a reformed, not an active, cannabis smoker. Furthermore, hemorrhagic stroke in our patient, in contrast to ischemic stroke caused by cannabis, makes cannabis use a less likely cause of ICH in this case.

The most common location of aneurysm rupture is the anterior communicating artery, and 90% of all ruptures present with subarachnoid hemorrhage. Basal ganglia hematomas resulting from the rupture of aneurysms of the distal middle cerebral artery are extremely rare [5]. Most aneurysms develop after the age of 40 years, and the occurrence of basal ganglia bleeding caused by an aneurysmal rupture in a 35-year-old man is highly unlikely. As our patient was diagnosed with uncal herniation in an urgent NCCT of the head, we immediately intubated him and transferred him to the operating theater rather than performing a cerebral angiography to rule out an aneurysm, which was a very unlikely possibility.

Conflicts of Interest

No potential conflict of interest relevant to this article was reported.

Author Contributions

Shalendra Singh (Writing – original draft; Writing – review & editing)

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