

# CNS pathology

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Lecture 2: traumatic and non traumatic brain hemorrhage

- This is an online lecture.

Youtube link:

- <https://www.youtube.com/watch?v=feVqml3Gmms>

# Intracranial hemorrhage



*" He can't stand the sight of blood. "*

# Causes of intracranial hemorrhage

Intracranial hemorrhage can be **traumatic** or **non traumatic**.

Causes of non traumatic hemorrhage:

- 1. Primary brain parenchymal hemorrhage , which is caused mainly by hypertension.
- 2. Cerebral amyloid angiopathy = الداء النشواني
- 3. Ruptured aneurysms = تمدد كيسي دموي
- 4. Vascular malformation
- 5. Vasculitis

# Other ( rarer) causes of intra-cerebral hemorrhage

- Bleeding disorders
- Drug related: anti-coagulants
- Cocaine use
- Tumors.. Can encroach on a vessel and cause bleeding

# 1. Primary brain parenchymal haemorrhage

- Primary = spontaneous = non-traumatic.
- Peak 60 years of age.
- Mostly due to rupture of a small intra-parenchymal vessel.
- **Hypertension** is the leading cause.
- Most affected sites: basal ganglia, thalamus, pons and cerebellum.
- Outcome depends of the site and extent of haemorrhage

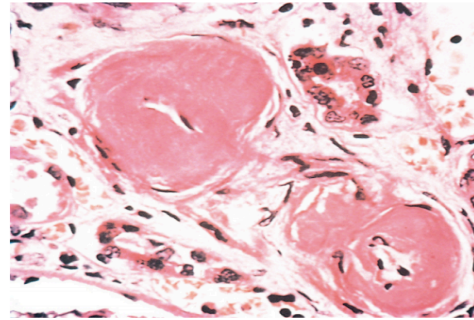
# Why hypertension causes parenchymal hemorrhage ?

- Hypertension causes **hyaline arteriolosclerosis**.
- This results in weak arterioles, so the arterioles can rupture especially if there is sudden or sustained increase in blood pressure.
- Minute aneurysms can form (**Charcot- Bouchard micro aneurysms**) because of the weak vascular walls and these also can rupture.

# Hyaline arteriolosclerosis

- Homogeneous pink hyaline thickening of the arteriolar walls with luminal narrowing and loss of underlying structural detail.
- Occurs due to leakage of plasma components across injured endothelial cells into vessel walls and increased extracellular matrix production by smooth muscle in response to chronic hemodynamic stress.

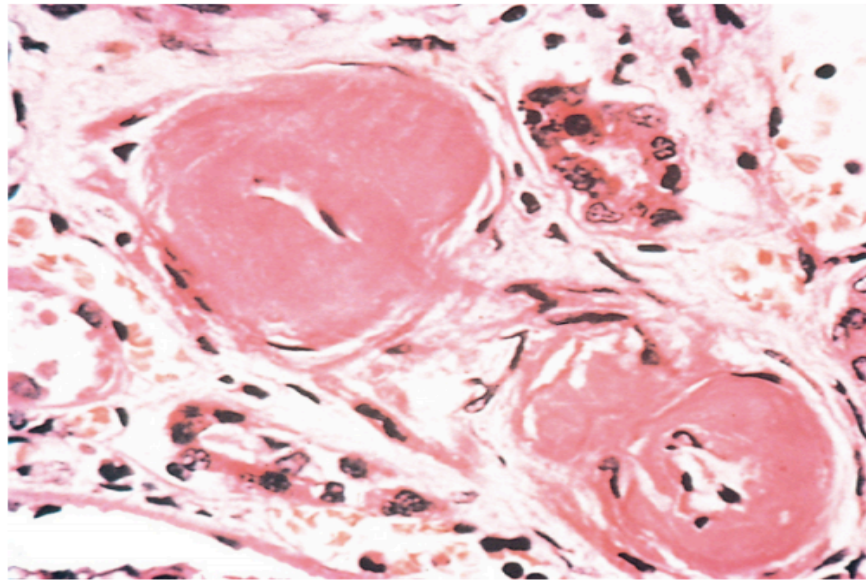
Hyaline arteriolosclerosis





Note the thick walls that contain hyaline, pink, material.

### Hyaline arteriolosclerosis



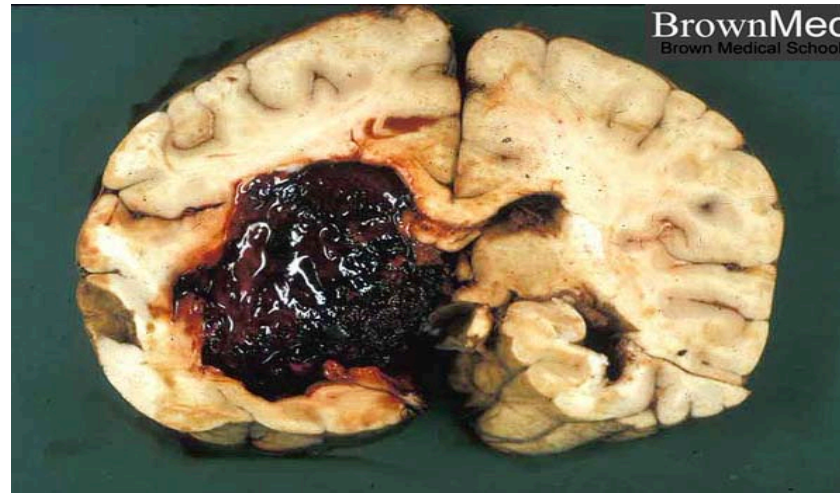
# Symptoms of parenchymal brain haemorrhage

- 1. neurological symptoms related to the area affected
- 2. symptoms of increased intracranial pressure

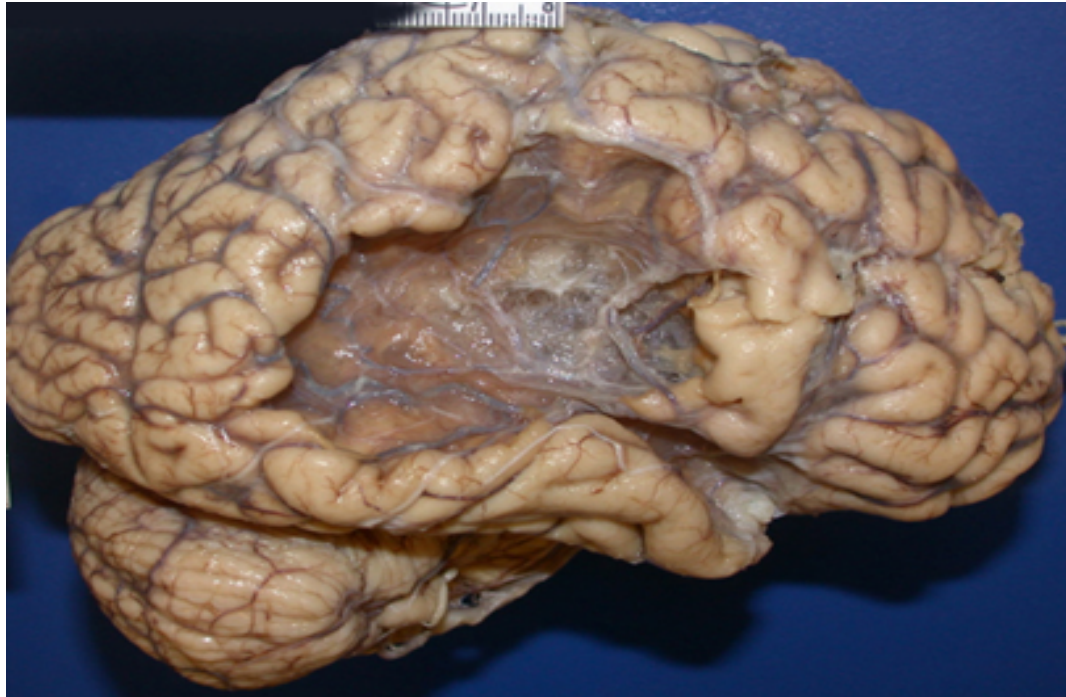
# morphology

- Extravagated blood.
- With time.. Resolution and cavity formation

# Brain haemorrhage



Cavity.. Old infarct or old hemorrhage; both will end up with a cavity!

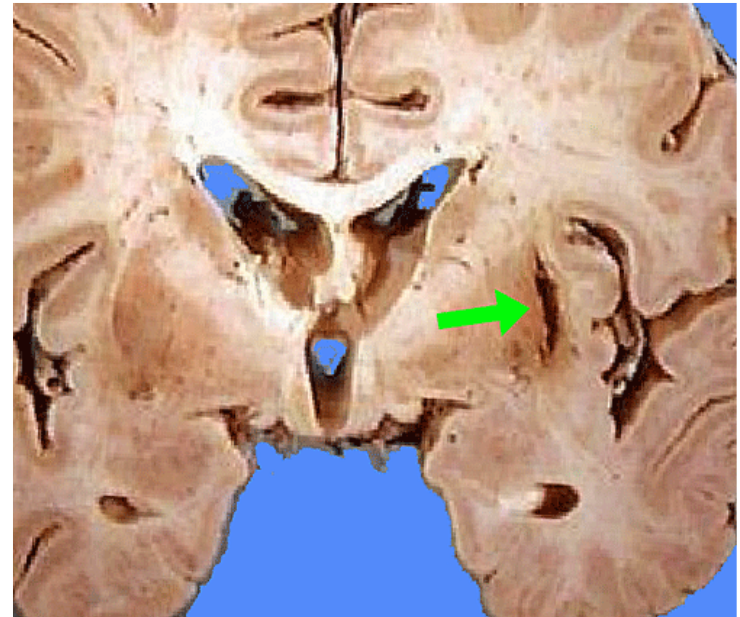


# Hypertension/ effects of hypertension on the brain:

- Massive intracranial haemorrhage.
- Lacunar infarcts.
- Rupture of small penetrating vessels
- Acute hypertensive encephalopathy= edema

# Vessel rupture

- Small penetrating vessels may rupture.
- Cause small haemorrhages = **slit haemorrhages**.

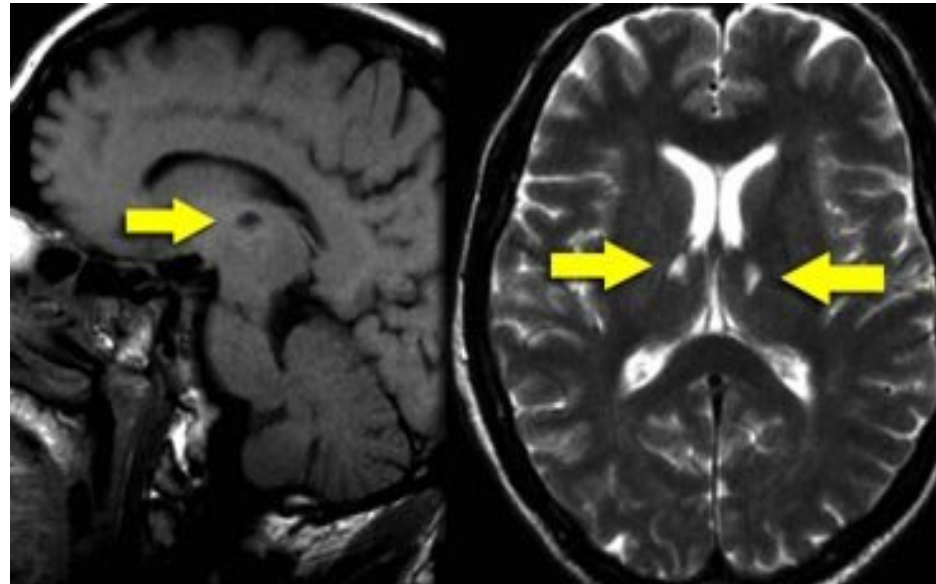


# Lacunar infarcts

- Small infarcts, mostly in deep grey matter ( basal ganglia and thalamus), internal capsule, deep white matter and pons.
- Caused by occlusion of penetrating branches of a large cerebral artery.
- Effect: depends on site



# Lacunar infarct



## 2. vasculitis

- = inflammation of the blood vessel wall
- Inflammation weakens the vessel wall so it can rupture and cause hemorrhage.

# Causes of vasculitis

## Infectious arteritis:

- previously seen with syphilis and TB.
- Now in association with: CMV, herpes, aspergillosis..... immunosuppression

## Polyarteritis nodosa.

Primary angiitis of CNS cause diffuse encephalopathy with cognitive dysfunction.

### 3. Cerebral amyloid angiopathy

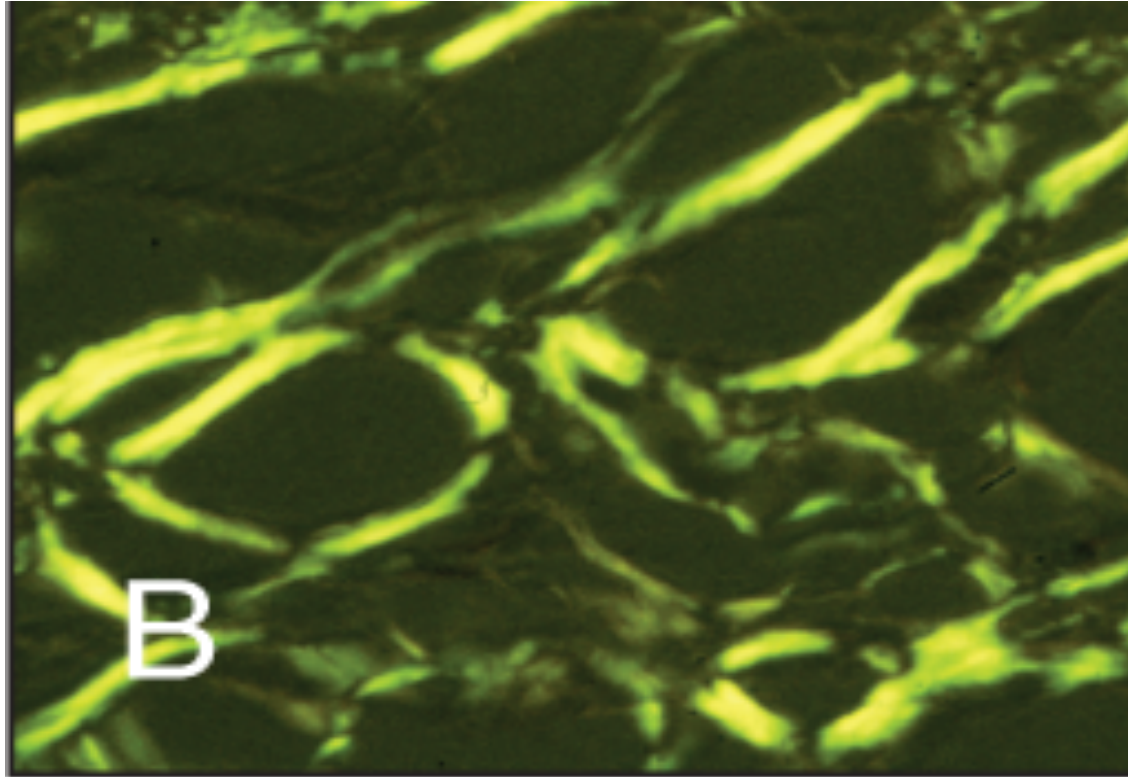
- Amyloid deposition in the walls of arteries
- Causes weakness in vessel wall
- Bleeding , usually in the lobes of cerebral cortex (lobar hemorrhage)

## Amyloidosis

- Deposition of extracellular fibrillary proteins
- These abnormal fibrils are produced by the aggregation of misfolded proteins (which are soluble in their normal folded configuration).

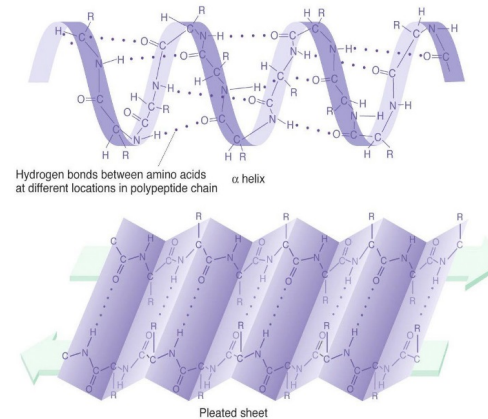
- Amyloid is deposited in the extracellular space in various tissues and organs of the body
- These fibrillary proteins are responsible for tissue damage and functional compromise

# Congo red stain



# By electron microscope

- All types of amyloid consist of **continuous, non-branching fibrils** with a diameter of approximately 7.5 to 10 nm. With a **cross- $\beta$ -pleated sheet** conformation





## 4. Ruptured berry aneurysm

- Rupture happens usually due to **increased intracranial pressure**.
- Sudden severe headache followed by loss of consciousness
- 25-50% die
- Survivors: risk of recurrent bleeding

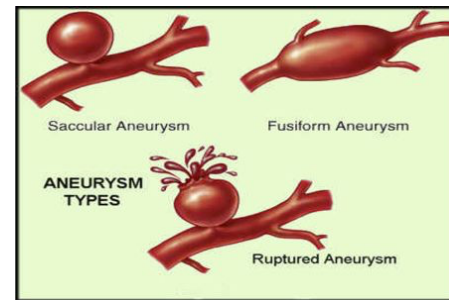
# Ruptured aneurysm

- Mainly causes **subarachnoid** hemorrhage but also can cause hemorrhage within the brain paranchyma.

# Subarachnoid haemorrhage

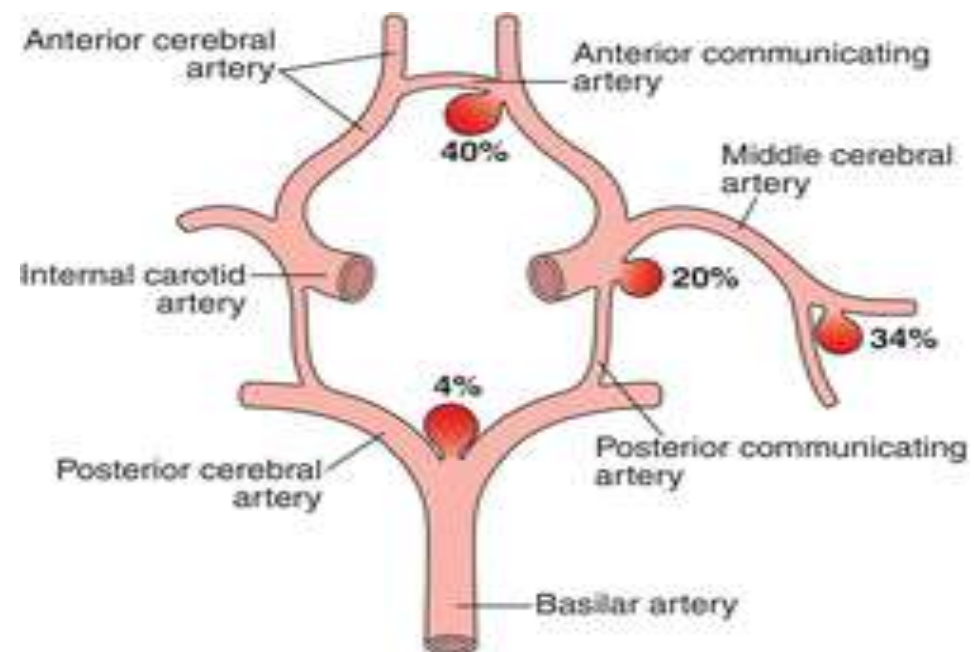
- Most common cause: ruptured berry aneurysm.
- Other causes: vascular malformations, trauma, tumours, haematological disturbances.

Subarachnoid haemorrhage  
Ruptured berry ( secular) aneurysm is the  
most common cause



# Berry aneurysm

- 90% in the anterior circulation
- Near major arterial branching points
- Multiple in 20 – 30 % of cases

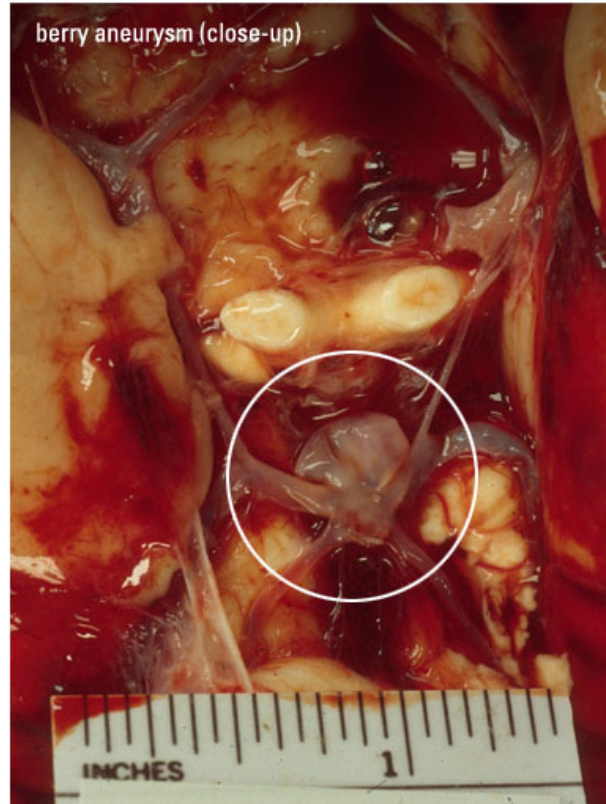
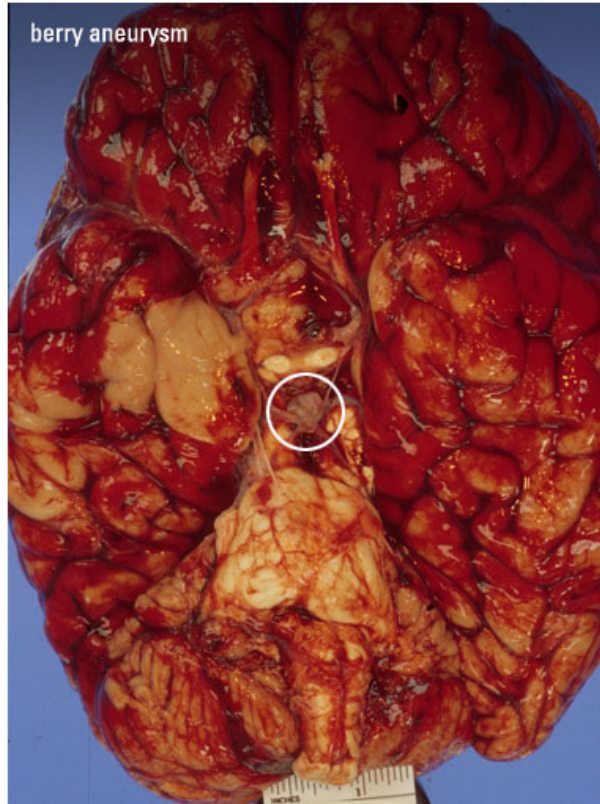


# Morphology

- Berry aneurysm: thin walled outpouching of an artery



2Y0452 [RM] (c) www.visualphotos.com





# Subarachnoid Hemorrhage



**\* Restricted use. PEIR; University of Alabama at Birmingham, Department of Pathology**

## 5. Vascular malformations

- Arteriovenous malformations
- Cavernous malformations
- Capillary telengectasia
- Venous angioma

# AV malformation

- Most common type of vascular malformation
- Males more than females
- Present at 10-30 years of age
- Symptoms: seizures and intracranial hemorrhage

# Morphology of AV malformation

- Network of disorganised vascular channels



M1360300 [RM] (c) www.visualphotos.com

# Traumatic lesions

- Trauma to CNS causes mortality or disability
- Outcome depends on extent of trauma and site affected.
- Spinal cord trauma.. can cause severe disability.
- Brain stem trauma... can be fatal

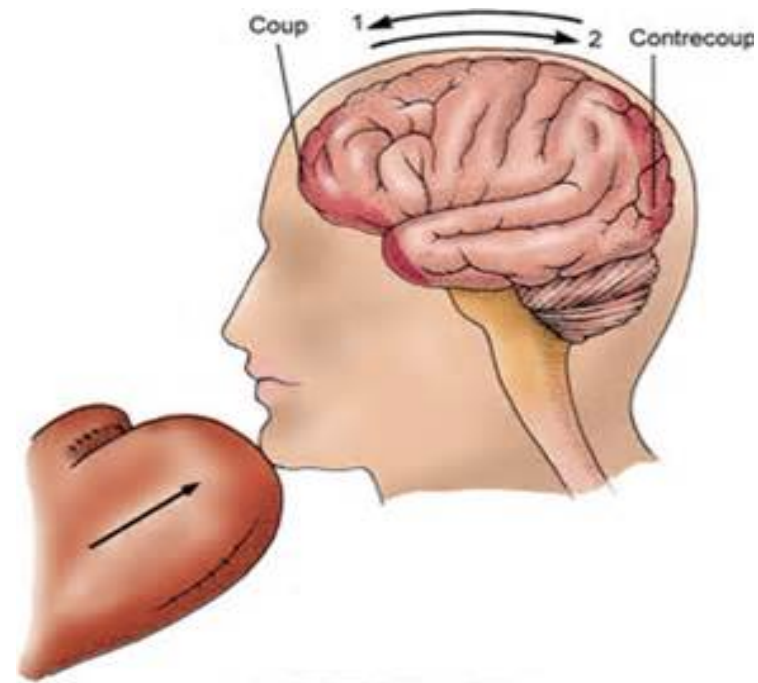
# Head injury

- Blunt or penetrating.
- Open or closed.
- Severe brain damage can occur without external signs of head injury
- Lacerations and even skull fractures are not necessarily associated with brain damage

# Traumatic parenchymal injury

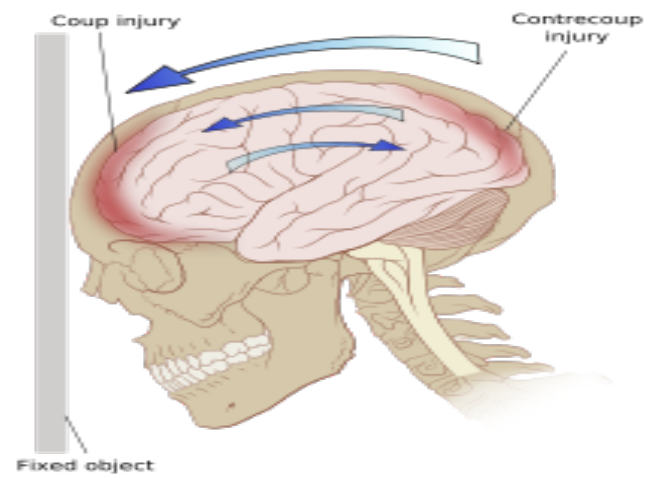
When an object impacts the head:

- Injury of brain at site of impact: **coup injury**
- Injury opposite to site of impact: **countercoup**
- Both are contusions



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## Note:

- Repetitive episodes of trauma can later lead to neurodegenerative process e:g Alzheimer

# Brain injury

- Concussions
- Contusions
- Lacerations
- Diffuse axonal damage

# concussions

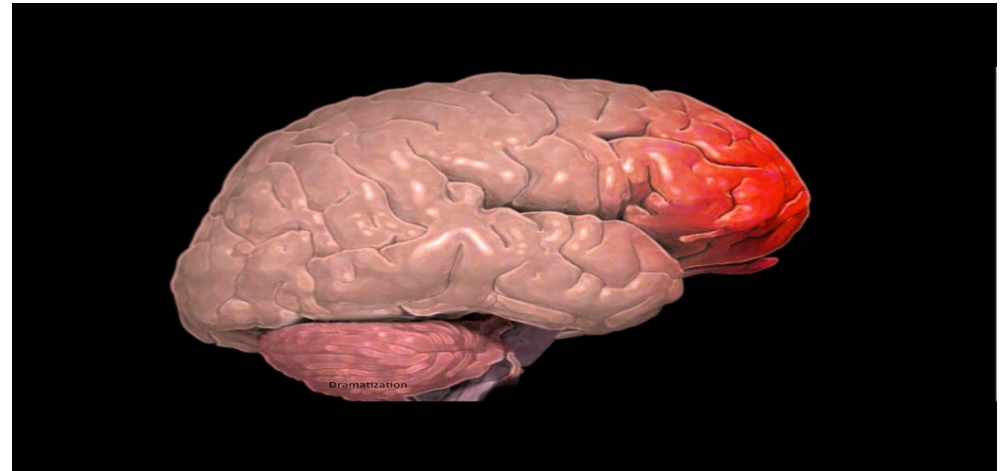
- Reversible altered consciousness after head injury in the absence of contusions
- Transient dysfunction in the form of: loss of consciousness, temporary respiratory arrest, loss of reflexes.
- Pathogenesis: unknown
- Recovery is complete but amnesia of the episode.

# contusion

- Caused by rapid tissue displacement , disruption of vascular channels with subsequent haemorrhage, tissue injury and edema.
- Common in areas overlying rough and irregular bone surface: orbitofrontal region, temporal lobe tips.

# Contusion/morphology

- Wedge shaped, widest aspect closest to point of impact.
- Edema and extravasated RBCs.
- Superficial aspects of cortex affected more ( contrary to ischemic injury)



# lacerations

- Penetrating injuries cause skull fractures and brain lacerations
- Laceration: tissue tearing and hemorrhage.



- Old traumatic injury: depressed, retracted, yellow brown patches involving the gyri.
- Larger lesions: cavity, resembling remote infarcts

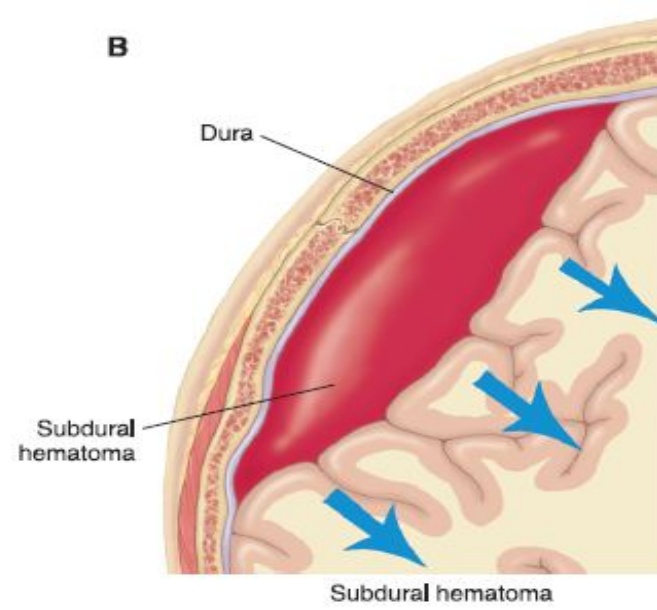
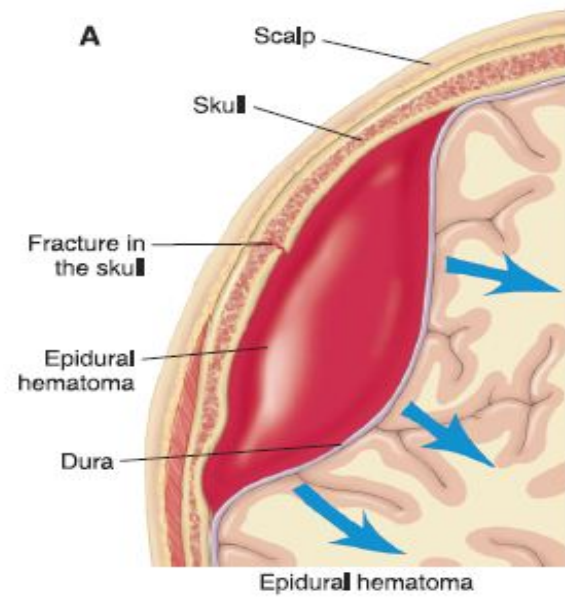


# Diffuse axonal injury

- Brain trauma can cause subtle widespread injury to axons within the brain:= diffuse axonal injury
- Movement of one region of the brain relative to another.. disrupt axonal integrity.
- Appear under LM as axonal swelling
- Can lead to severe irreversible neurologic deficit.

# Traumatic vascular injury

- Epidural
- Subdural
- Subarachnoid
- intraparenchymal



# Epidural hematoma

- Dural vessel torn due to fracture.
- Usually: middle meningeal artery is torn
- Blood accumulates under arterial pressure and dissects the dura, compressing the brain parenchyma

# Epidural hematoma

This is a CT scan showing blood between the dura and the skull

note the biconvex shape.. this is typical of epidural hematoma.



# Subdural hematoma

- Rapid movement of brain during trauma.. Can tear the bridging veins
- This leads to bleeding in the subdural space

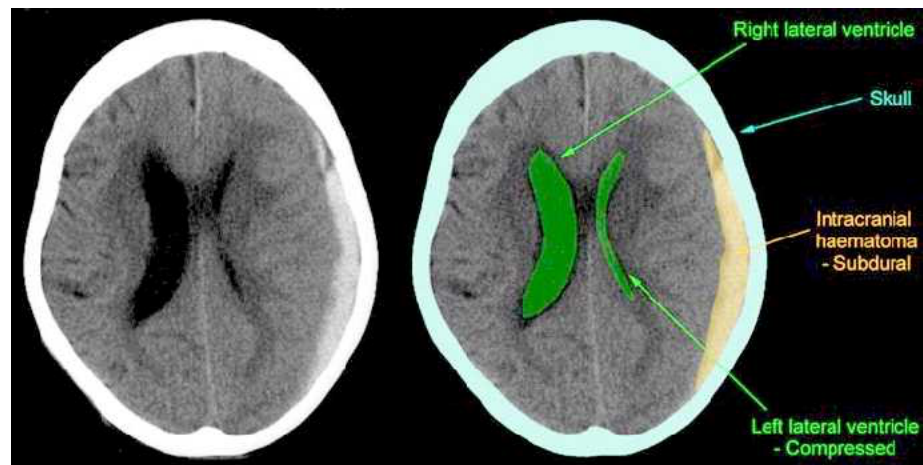
## Subdural hematoma

here the blood collects between the dura and the brain tissue

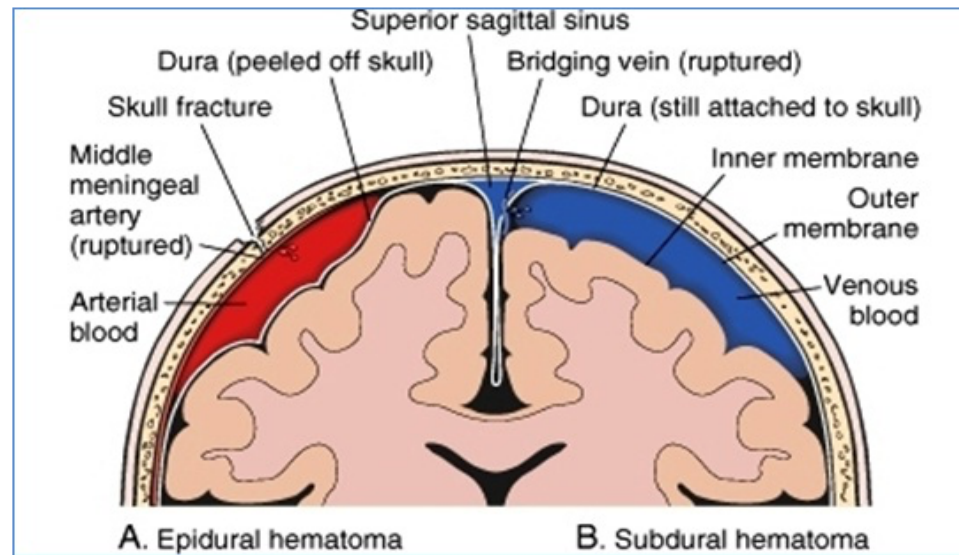
It shows a crescentic shape.



## Subdural hematoma







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# Summary 1/2

- Intracranial haemorrhage can be traumatic or non-traumatic.
- Intracranial haemorrhage can be intra-parenchymal, subarachnoid, epidural or subdural; the first two can be traumatic or non-traumatic whereas the last two are usually traumatic.
- The most common cause of intraparenchymal haemorrhage is spontaneous haemorrhage which occurs in older individuals who are hypertensive.
- Hypertension causes haemorrhage via weakening blood vessel walls through hyaline arteriosclerosis or micro-aneurysm formations.
- Hypertension also causes slit haemorrhages, lacunar infarcts and acute hypertensive encephalopathy.

# SUMMARY 2/2

- Other causes of intraparenchymal haemorrhage include: amyloid antipathy, infections, autoimmune vasculitis, arteriovenous malformations and other causes.
- Subarachnoid haemorrhage can be traumatic but is mainly caused by a ruptured aneurysm.
- Traumatic brain haemorrhage can be subdural, epidural, intra-parenchymal or subarachnoid.
- epidural hematoma caused by arterial vessel ( middle meningeal) torn due to fracture. Blood accumulates under arterial pressure and dissects the dura, compressing the brain parenchyma
- Subdural hematoma occurs due to rapid movement of brain during trauma.. Can tear the bridging veins. This leads to bleeding in the subdural space :

