**Anesthesia in a patient with intracerebral hemorrhage – Case report**

**D-r R. Zikova1**; D-r M. Lazarevski1; D-r M.Mihailov; D-r A.Mihailova1; D-r N. Delipetrova1**;** PhD M. Mojsova Mijovska2; PhD B.Eftimova1; PhD T. Trojik3

1Department of Anesthesia, reanimation and intensive care, Clinical Hospital - Shtip, Republic of North Macedonia

2Clinic of anesthesia, reanimation and intensive care – Skopje; Republic of North Macedonia.

3 Department of Anesthesia, reanimation and intensive care; City hospital 8th September – Skopje; Republic of North Macedonia.

**Introduction**: Cerebral hemorrhages are at high risk for patients due to the urgency of the condition, brain damage, with a mortality rate of about 62%, and 50% of survivors with permanent disabilities. Therefore, timely diagnosis and urgent surgical treatment are of great importance for the outcome of patients.

**Matherials and Methods**: Patient, 50 years old, admitted to the emergency center, in severe general condition, soporous , with self-breathing. Laboratory tests were performed which are neat and CTM on which massive intracerebral hemorrhage with penetration into the ventricular system was diagnosed. The patient was immediately admitted to the intensive care unit, where the condition worsened, ie Glasgow coma scale 4, dilated pupils, occurrence of decerebral movements and respiratory depression, after which he was intubated and transferred to the operating room.Preoperatively and intraoperatively with tachycardia, heart rate 150 / min and hypertension 220/120 mmHg.Anesthesia was administered with fentanyl, esmeron and sevoflurane.Hypertension was corrected with nitroglycerin, a perlinganit titrated according to blood pressure value. Bleeding was present intraoperatively and 1 gram of tranexamic acid was given, as well as two units of red blood cells were transfused and two units of fresh frozen plasma. Postoperative sedation with dormicum and fentanyl, on mechanical ventilation (IPPV), without satisfactory self-breathing, antihypertensive and anti-edematous therapy. A tracheotomy was performed after 10 days, still on mechanical ventilation and mode change, depending on occasional improvements and deteriorations during treatment.After two months, the condition improves, which results in satisfactory self-breathing, spontaneous closure of the tracheostomy opening, after which he is released in a stable general condition for home treatment.

**Conclusion**: The development of modern diagnostic techniques, anesthesia, surgical methods, postoperative treatment, care and rehabilitation have a positive outcome in neurosurgical patients.

 **Keywords**: cerebral hemorrhage, hypertension, decerebral movements, neurosurgical anesthesia