



On behalf TICH-3 Trial Team

Final v1.0 13/09/2023



Objectives



- Due to the emergency nature of the trial, most patients are being recruited prior to the formal radiology report.
- This training is to help avoid any errors while recruiting for TICH-3
- If in doubt, please contact the Radiology consultant or Stroke consultant to review the images and provide a verbal report



Inclusion criteria



Spontaneous ICH (confirmed on brain imaging) <
 4.5 h of onset

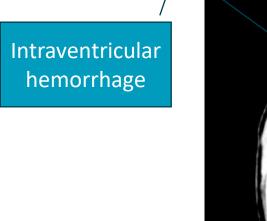
CT (or MRI) is conducted pre-recruitment in line with standard care, the haematoma volume measurement will help assess whether the participant is eligible.

Note - ICH secondary to ruptured aneurysm or vascular malformation or brain tumor or ischaemic stroke (haemorrhagic transformation of infarct, HTI) or thrombolysis or venous infarct is NOT spontaneous ICH

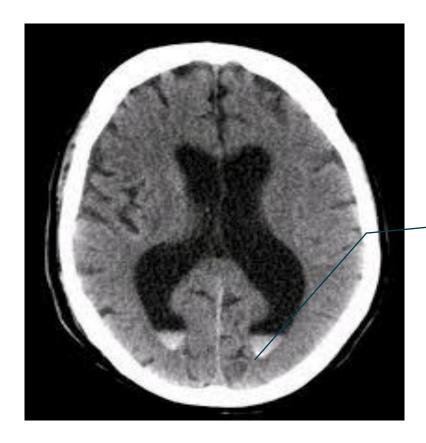


Isolated IVH is an exclusion









Pooling of the blood bilaterally



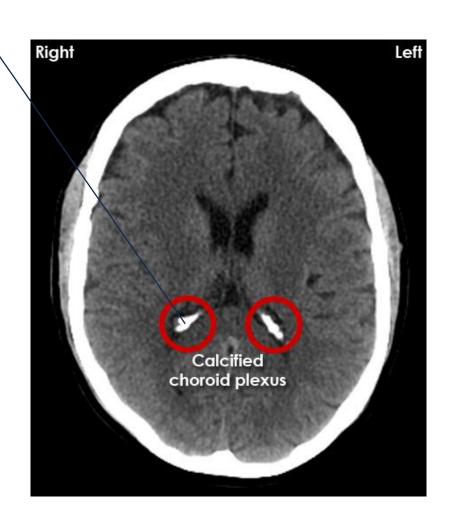
Be aware of calcified choroid plexus



Hyperdensities in the posterior horns of the lateral ventricles could be mistaken for hemorrhage.

A. Isolated IVH is an exclusion

B. Bilateral small hyperdensities —
think about alternatives





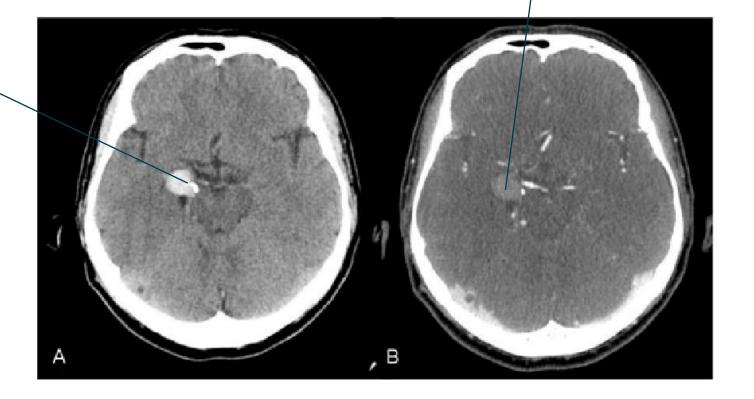
Thrombosed/ruptured aneurysm is an exclusion



CTA showing thrombosed aneurysm

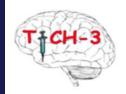
If there is a lesion around the location of the circle of willis, or there is concomitant SAH.

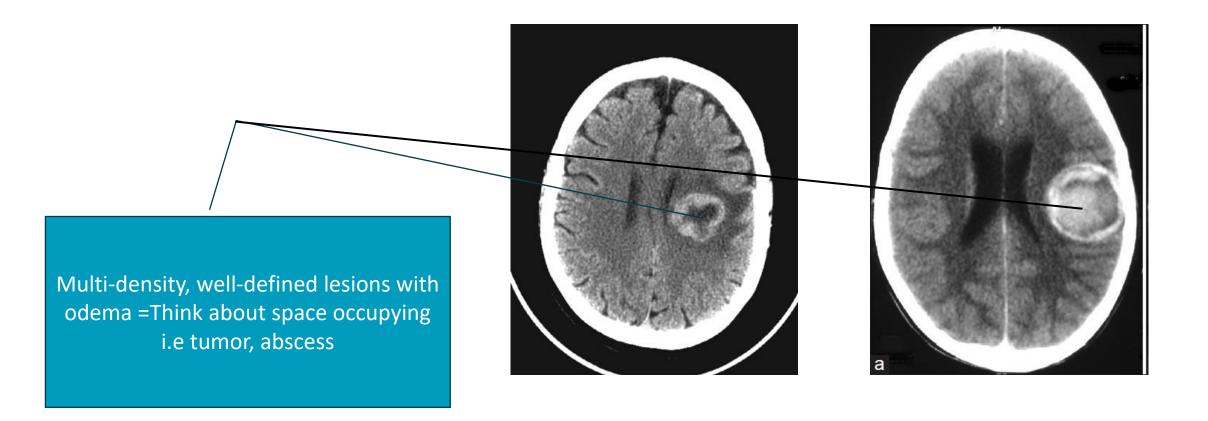
THINK of thrombosed aneurysm or ruptured aneurysm.





Secondary causes i.e tumors/ abscess are an exclusion







Cerebral venous sinus thrombosis hemorrhage is exclusion





In patients' presenting with headaches, remember to consider CVST. Here the patient has had a CVST that has caused an infarct and hemorrhagic transformation.

Look for hyper density in the confluence and sagittal sinus