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The pathogenesis of spontaneous intracranial haemorrhage in patients with haematological malignancy

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Spontaneous intracranial haemorrhage is a well-recognized complication in patients with haematological disease. Intracranial haemorrhage is the second leading cause of death in patients with acute myeloid leukaemia. The reported mortality is over 50% for patients with haematological malignancy and spontaneous intracranial haemorrhage. The reported incidence of spontaneous intracranial haemorrhage appears to be slightly higher in acute myeloid leukaemia (AML) and chronic myeloid leukaemia in blast crisis than in other forms of haematological malignancy. The distribution of ICH is as follows: Intraparenchymal haemorrhage accounts for about 60% of the reported case series. The remaining sites are distributed between the cerebellum, brainstem, basal ganglia, subarachnoid, subdural, intraventricular and epidural regions. Over 50% of patients will be having more than one intracranial bleeding site on CT. Previously proposed risk factors for spontaneous intracranial bleeding include: Direct invasion by tumour cells, invasive intracranial sepsis, hyperleukocytosis, and coagulopathy. Abnormalities of clotting include DIC, thrombocytopenia and prolonged prothrombin time. Coagulopathy and thrombocytopenia are probably not the main factors responsible for spontaneous intracranial haemorrhage in view of the fact that neither platelets nor clotting factors are responsible for maintaining cerebral vessel integrity under normal physiological conditions. Cohort studies from patients with idiopathic thrombocytopenia have shown a poor correlation between platelet count and the risk of spontaneous intracranial haemorrhage in both adults and children. Batchelor (2015) has shown that coagulopathy in patients with traumatic intracranial bleeding increases the risk of progressive haematoma progression by an odds ratio of 6.176 (95% CI: 4.727–8.069). This paper aims to explore other factors which may account for spontaneous ICH in patients with haematological malignancy.

Biography

John Batchelor is a Consultant in Emergency Medicine at Central Manchester Foundation Trust, England UK. He is also an Honorary Lecturer at Manchester Metropolitan University. He graduated from Leeds University England, in 1982. He is a Fellow of the Royal College of Surgeons of Ireland and Fellow of the Faculty of Emergency Medicine of England. He undertook his MD thesis at University College London. He has written extensively on the subject of minor head injuries. He has presented a paper in Paris in 2012 on a Meta-analysis looking at the relationship between cerebral microbleeds and antiplatelet agents. He has also recently published a meta-analysis on the effect on mortality of platelet transfusions in adults with spontaneous or traumatic antiplatelet associated intracranial haemorrhage. His current research interest lies in the area of risk factors for intracranial haemorrhage in both adults and paediatrics secondary to coagulopathy and thrombocytopenia.

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