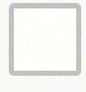
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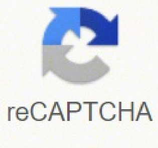

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ภาคผนวก 6
ปัจจัยที่มีผลต่อการรักษา
(Factors affect outcome)

ปัจจัยดังต่อไปนี้มีผลต่อการพยากรณ์โรค ได้แก่

1. GCS score/stroke score
2. Location of hematoma
3. Size of hematoma
4. Coagulopathy
5. Hydrocephalus

จากการศึกษาแบบ prospective ของ Castellanos et al.[41] พบว่าผู้ป่วยที่มีการพยากรณ์โรคที่ดี ส่วนใหญ่มีปัจจัยต่อไปนี้ คือ higher Canadian stroke score; lower blood pressure higher fibrinogen concentrations และมี CT findings คือ smaller volume of ICH, more peripheral location of hematoma, less intraventricular spread of bleeding, less midline shift

ฉะนั้น การอธิบายให้ผู้ป่วยและญาติรับทราบถึง prognosis & outcome ให้พิจารณาตามปัจจัยข้างต้น เพื่อให้เกิดความเข้าใจตรงกัน

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คำอธิบายแผนภูมิที่ 1

ผู้ป่วยทุกคนที่มาโรงพยาบาลด้วยอาการ sudden neurological deficit ต้องตรวจ vital signs, neurological signs เพื่อประเมินว่าต้องให้ emergency advanced life support หรือไม่ ดู airway, ventilation เพียงพอหรือไม่ โดยเฉพาะผู้ป่วยที่มีระดับความรู้สึกตัวต่ำ Glasgow Coma Scale (GCS) score ≤ 8 หรือ เสี่ยงต่อการเกิด aspiration ควรได้รับการใส่ท่อช่วยหายใจ พร้อมกับส่ง emergency laboratory tests (CBC, BS, BUN, Cr, electrolytes) ซักประวัติและตรวจร่างกายที่เกี่ยวข้อง เช่น การบาดเจ็บที่ศีรษะ ดื่มสุรา ความดันโลหิตสูง โรคหัวใจ โรคเบาหวาน โรคเลือด โรคตับ โรคไต การใช้ยา anticoagulants ยาเสพติด เพื่อแยกภาวะอื่นที่ไม่ใช่โรคหลอดเลือดสมอง (extracranial cause) ออก จากการศึกษาพบว่า ถ้าผู้ป่วยมีอาการ " Sudden onset of persistent focal neurological deficit and no history of head trauma " จะมี probability of stroke 80% [18]

เมื่อสงสัยว่าเป็น acute stroke ควรได้รับการตรวจ CT brain ทุกราย[9] เพื่อแยกโรคว่าเป็น ischemic หรือ hemorrhagic stroke

จากการศึกษาพบว่าถ้าผู้ป่วยมีระดับความรู้สึกตัวลดลง อาเจียน ปวดศีรษะอย่างรุนแรง ความดันโลหิต (systolic blood pressure) มากกว่า 220 ม.ม.ปรอท ระดับน้ำตาลในเลือดมากกว่า 170 ม.ก./ดล. (ในผู้ป่วยที่ไม่มีประวัติเบาหวาน) หรือมีประวัติได้รับยา warfarin มีโอกาสเป็น hemorrhagic stroke มากกว่า ischemic stroke[19] ซึ่งอาจจะใช้เป็นแนวทางเบื้องต้นในการวินิจฉัยแยกโรค ระหว่าง ischemic และ hemorrhagic stroke อย่างไรก็ตามการตรวจด้วย CT brain จะช่วยแยกโรคได้แน่นอนกว่า

ในกรณีที่ CT brain เข้าได้กับ ischemic stroke ให้การรักษาตามแนวทางการรักษาโรคหลอดเลือดสมองตีบหรืออุดตัน สำหรับแพทย์[20] ต่อไป แต่ถ้าเป็น hemorrhagic stroke ให้ปฏิบัติตามแผนภูมิที่ 2

ตารางที่ 5

แนวทางการปรึกษาประสาทศัลยแพทย์ในเรื่องโรคหลอดเลือดสมองแตก

(Guidelines for Neurosurgical Consultation in Hemorrhagic Stroke)

ตำแหน่งก้อนเลือด	เกณฑ์ (criteria)	รักษาแบบประคับประคอง	ปรึกษาประสาทศัลยแพทย์	ระดับคำแนะนำ (recommendation grading)
Lobar	1. GCS ≤ 13 2. Volume > 30 ml 3. Midline shift > 0.5 cm.	Criteria < 2	Criteria ≥ 2	C
Temporal lobe	-	-	ปรึกษาทุกราย	C
Basal ganglia	1. GCS ≤ 13 2. Volume ≥ 30 ml 3. Midline shift > 0.5 cm.	Criteria < 2	Criteria ≥ 2	C
Thalamus	1. GCS ≤ 13 2. Volume > 10 ml 3. Midline shift > 0.5 cm.	Criteria < 2	Criteria ≥ 2	C
Cerebellum	-	-	ปรึกษาทุกราย	C
Brainstem	1. GCS ≤ 13 2. HC 3. IVH 4. Repeated episodes	Criteria = 0	Criteria ≥ 1	C
Primary subarachnoid hemorrhage (SAH)	-	-	ปรึกษาทุกราย	C
Primary intraventicular hemorrhage (IVH)	-	-	ปรึกษาทุกราย	C
Hydrocephalus (HCP)	-	-	ปรึกษาทุกราย	C

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