INTRODUCTION

Update on cerebrovasospasm

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DESPITE improvements in the diagnosis and treatment of angiographic vasospasm and delayed cerebral ischemia following aneurysmal subarachnoid hemorrhage and traumatic brain injury, delayed ischemia leading to infarction continues to negatively impact outcome. In this issue of *Neurosurgical Focus*, readers will find a timely update. In addition to a contemporary review of the incidence of delayed cerebral ischemia after aneurysmal subarachnoid hemorrhage, there is a helpful appraisal of the role that electroencephalography may play in diagnosing both angiographic vasospasm and delayed cerebral ischemia. Authors also examine the utility of neutrophil- and platelet-to-lymphocyte ratios and unaccounted volume loss in predicting delayed cerebral ischemia. Others look at predicting outcome concentrating on cardiac arrest, hyperoxemia, and D-dimer levels. Some controversial treatments (heparin and intrathecal vasodilator therapy) are scrutinized, and the various guideline statements are inspected for consistency, or lack thereof. A small, randomized trial of a widely available and inexpensive antibiotic is proposed as a putative neuroprotect-

tant. Finally, spasm after trauma is reconsidered. Together, these efforts show how far the scientific community has come and how far it still has to go in both developing a comprehensive and clear understanding of this disease and devising mitigation strategies that are at once readily scaled and personalized. For those of us who have worked in neurological intensive care units for decades, our cup is definitely half full and we hope these articles and ongoing research continue to fill it.

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Disclosures

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