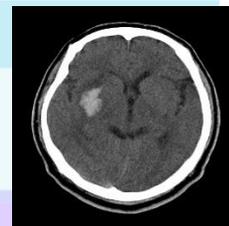


INTRODUCTION

Putaminal haemorrhage is most common type of hypertensive intracerebral haemorrhage (ICH), accounting for approximately 50-60% of all basal ganglia haemorrhages.



CASE DESCRIPTION

A 37-year-old gentleman with a long-standing history of untreated hypertension was brought to the Emergency and Trauma Department by the Pre-Hospital Care team. His primary complaint was the sudden onset of flinging movements in his left arm, which began at 12:30 AM. The Acute Stroke Protocol was activated prior to the patient's arrival. Upon assessment in the department, the patient was afebrile, with vital signs: blood pressure 158/107 mmHg, pulse rate 90 beats per minute, respiration rate 19 breaths per minute, and oxygen saturation 98% on room air. A point-of-care blood glucose test revealed a level of 12.0 mmol/L. His Glasgow Coma Scale score was E3V4M6. The patient was immediately attended to by the Medical Officer in the Red Zone, and following the completion of the initial assessment, he was promptly transferred for a CT scan. The CT scan revealed a right putaminal bleed, a haemorrhagic stroke.

DISCUSSION

Putamen is a critical structure within the basal ganglia. It receives blood supply from lenticulostriate arteries which are **prone to rupture due to chronic uncontrolled hypertension**. Functionally, the putamen plays an essential role in learning, motor control which include speech articulation, cognitive and language functioning. The classic triad of putaminal haemorrhage are contralateral hemiparesis, hemiplegia, conjugate gaze deviation toward the lesion and aphasia. Notably, some patients might be presented with rare syndromes: **hemichorea-hemiballismus**, an involuntary flinging movement over the extremities. Surgical evacuation was remains controversial with current guidelines recommending consideration only for select cases involving rapid neurological deterioration and significant mass effect.

CONCLUSION

Large Putaminal Haemorrhage (>30mls) carries a significant mortality rate (37%). Hypertension control is paramount to prevent lenticulostriate artery rupture. *In* putaminal haemorrhage, every hour counts—not just for survival, but for preserving the intricate neural networks that define movement, language, and self.

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KEYWORDS

Hemiballismus, basal ganglia, Putaminal haemorrhage

