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SENSITIVITY OF NEW GENERATION COMPUTER TOMOGRAPHY IN DETECTING SUBARACHNOID HEMORRHAGE

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Objective: Sensitivity of new generation computer tomography (NGCT) to detect acute non-traumatic subarachnoid hemorrhage (SAH) has not been defined. Older generation CT is reported to be 90-95% sensitive. The purpose of this study was to determine how sensitive the initial interpretation of a NGCT scan is in a group of patients ultimately diagnosed with SAH and decide whether lumbar punctures should follow a "negative" CT scan.

Methods: Patients admitted between March 1988 and July 1994 with an admitting or discharge diagnosis of SAH were identified. Patients were excluded if they were less than 2 years old, the diagnosis was other than acute SAH, there was a history of head trauma within 24 hours prior to symptom onset, a CT scan was not done prior to diagnosis, or the medical record and CT results were not available. Patients were divided into two groups depending on symptom duration when the NGCT scan was done; less than (group 1) or greater than 24 hours (group 2). The resolution of each NGCT scanner used to image patients was recorded. A NGCT scanner is defined as a 3rd generation scanner or better.

Results: Three hundred forty-nine patients were identified. 168 were excluded. Overall sensitivity was 91.2% (n=181). The sensitivity of NGCT for group 1 (n=144) was 93.1% and 83.8% for group 2 (n=37). All patients with SAH not detected by NGCT were diagnosed by lumbar puncture. There was so significant relation between the NGCT scanner's resolution and sensitivity in detecting SAH.

Conclusion: Initial interpretation of NGCT scans to detect SAH does not approach 100% sensitivity. A "negative" NGCT scan does not exclude the need for lumbar puncture in patients with symptoms suspicious for SAH.