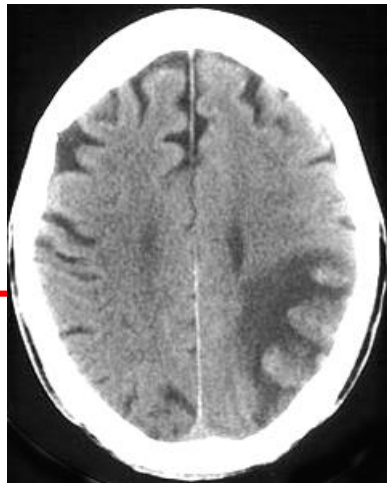


Hemorrhagic infarction VS Hypertensive hemorrhage

Hemorrhagic infarction (red infarction):

- CT: 17%, MRI: 30% (80% of embolic infarct were hemorrhagic at autopsy).
- Always be seen in cases of embolic infarction.
- **Timing : 3rd to 10th day.**
- Mechanism:
 1. Luxury perfusion.
 2. Fragility of capillaries.



Robbins Basic Pathology:

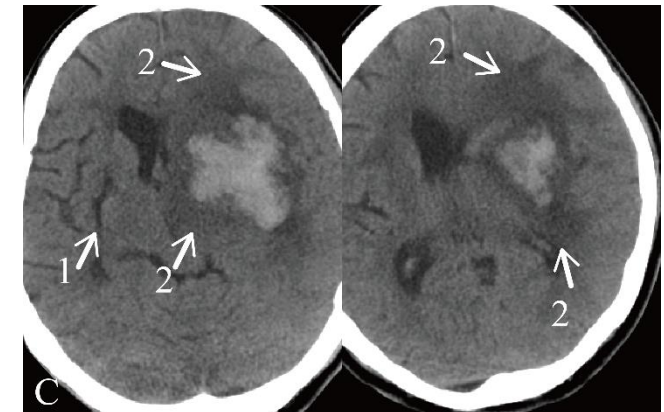
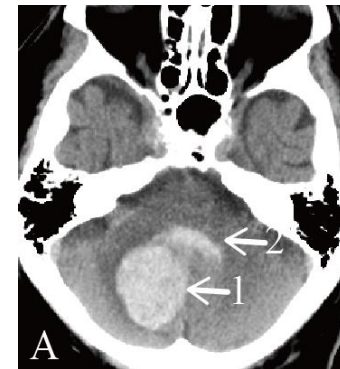
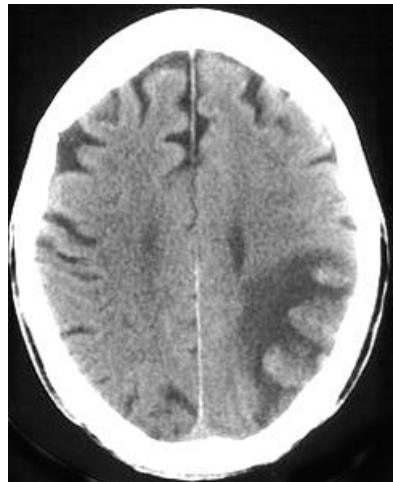
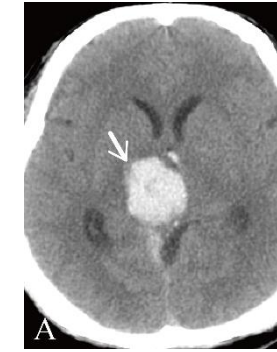
Infarcts are subdivided into two broad groups based on the presence of hemorrhage.

Hemorrhagic (red) infarction, characterized by multiple, sometimes confluent, petechial hemorrhages, is typically associated with embolic events (Fig. 28-15A). The hemorrhage is presumed to be secondary to reperfusion of damaged vessels and tissue, either through collaterals or directly after dissolution of intravascular occlusive material.

In contrast, *nonhemorrhagic (pale, bland, anemic) infarcts* are usually associated with thrombosis (Fig. 28-15B).

Hemorrhagic infarction VS Hypertensive hemorrhage

| | 出血性梗塞 | 高血壓性出血 |
|------|----------|------------------|
| 出血位置 | 在梗塞區 | 在基底核、視丘、腦幹、大小腦深層 |
| 出血時間 | 第2-10天 | 馬上發生 |
| 血塊形狀 | 多個點狀或一片狀 | 單獨一個血塊 |
| 背景 | 梗塞區域的腦水腫 | 周圍腦水腫很輕微 |



周圍腦水腫很輕微
除非 吸收中的ICH

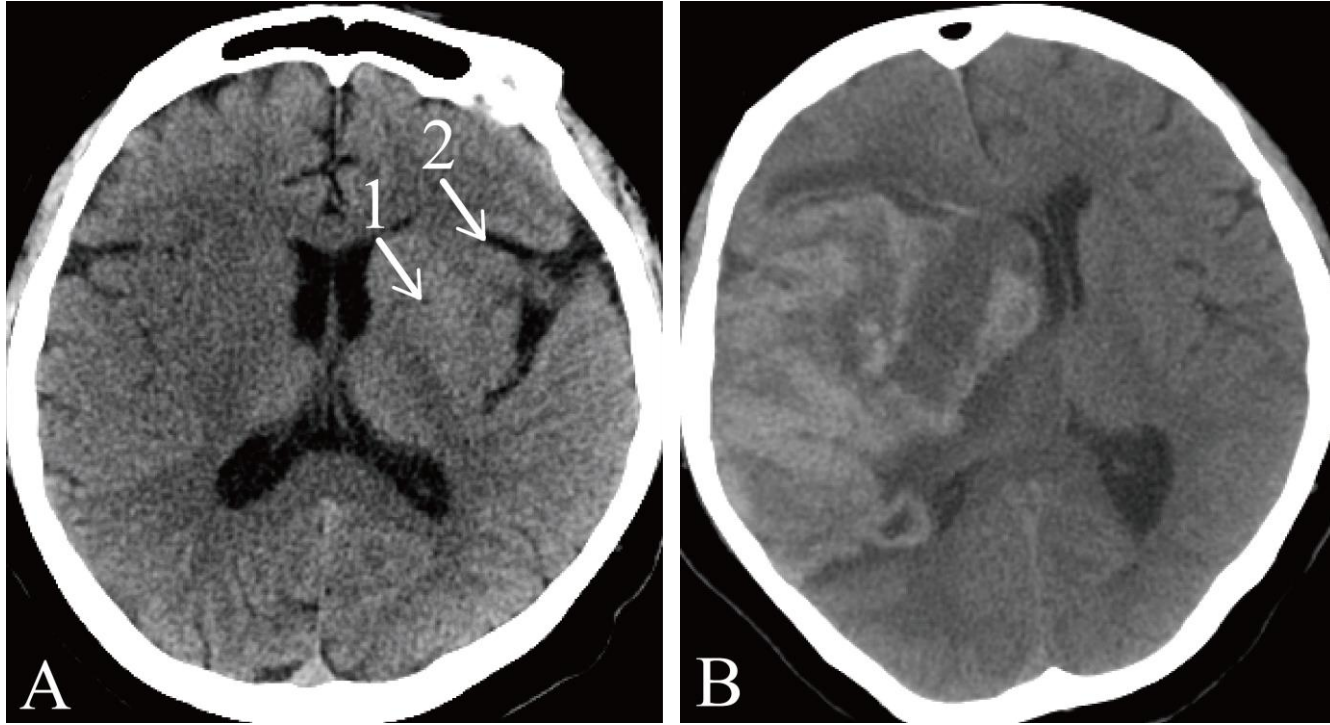


圖5-9

女/76，Hemorrhagic infarction

突然發生左側完全癱瘓

(A) 8小時後CT，正常左側lentiform nucleus之putamen灰色(1)，insular cortex灰色(2)，右側這2個構造變灰暗，有極早期腦梗塞徵象。

(B) 一週後CT，可見梗塞區大量出血(hemorrhagic transformation)，所以這是一個出血性梗塞(hemorrhagic infarction)。梗塞的edema加上hemorrhage,使得mass effect變得很強大，腦室被壓扁，中線往左移。

圖5-7 及 圖5-10

乃沈戊忠著

[神經放射診斷學--實用臨床案例解析]

之圖片

請參考原書

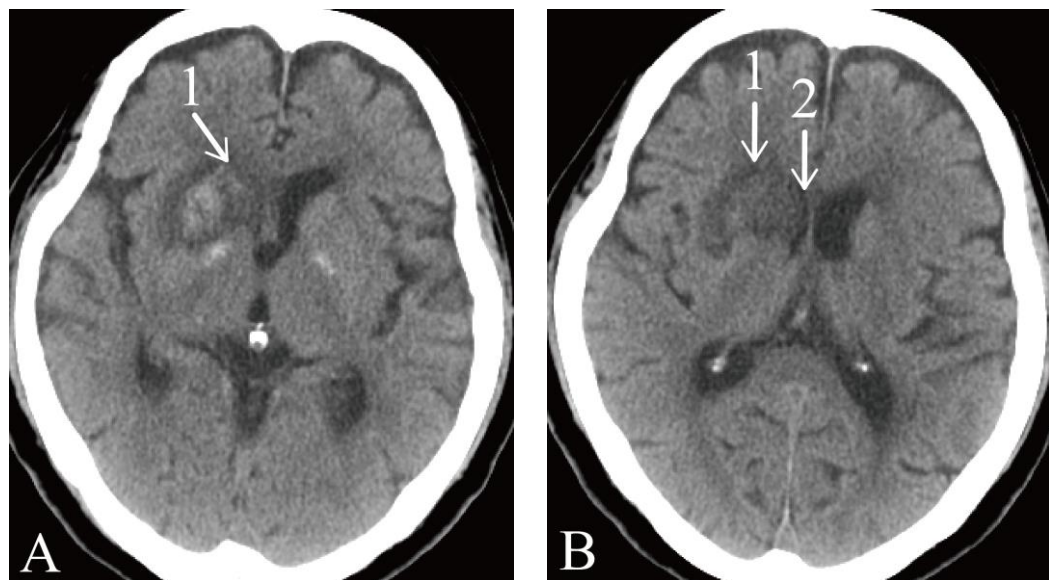


圖5-10

女/84，紋狀體出血性梗塞(hemorrhagic infarction)

病患左側肢體無力。

(A,B)第五天CT，顯示右側紋狀體(corpus striatum)，即尾狀核(caudate nucleus)及被殼(putamen)，有腦水腫，裡面較白是出血)(1)，這是急性梗塞(acute infarction)，合併出血轉化(hemorrhagic transformation)，整個梗塞有壓力，右側腦室被壓扁(2)。