

Author Response: Before the Stump Flow on the TCD in SAH can be Attributed to an SAH Relapse all Other Possible Causes must be Ruled Out

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Dear Editor,

We appreciate the authors' interest in our letter to the editor, reporting an unusual case of a patient with subarachnoid hemorrhage (SAH) had transient cerebral circulatory arrest while experiencing a rebleed.¹ We had highlighted the role of bedside transcranial color Doppler (TCCD) performed in emergent situations. Likewise, we acknowledge the concerns raised by the author.²

Firstly, the authors noted that immediate imaging, such as CT or angiography, was not performed after the suspected rebleed. We were unable to perform any imaging due to the sudden, severe deterioration in the patient's neurological and general condition, which manifested as significant bradycardia. However, we did obtain a repeat image a few hours later, once the patient had stabilized, confirming the presence of a rebleed.

We agree with the authors' consideration that other conditions, such as embolization or vasospasm, could explain the TCCD findings. However, the rapid reversal of the patient's clinical condition after administration of cerebral decongestants makes these possibilities less likely. The authors also pointed out that other "important" ancillary details, such as coagulation parameters, were not provided. We did not perform coagulation system analysis, as the patient's most recent coagulation parameters were normal. Also, this was a letter to the editor, we limited our discussion to the most relevant findings related to the use of TCCD. Unfortunately, the patient was lost to follow-up, and the outcome remains unknown.

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