

References

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2. Batsonov, Carpentier VE. Stereoscopic depth perception. *AJR Am J Roentgenol* 1944;51:202
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Fluid-Blood Levels in Intracerebral Hemorrhage

The paper from Pflieger et al in the February issue of the *AJNR* (1) concludes that fluid-blood levels in acute intracerebral hemorrhage are moderately sensitive to the presence of coagulopathy and highly specific for this condition. I do agree with this conclusion drawn from the data shown in their series and the critical review of the literature consulted by the authors. However, I would like to mention that in the authors' review of the literature, an earlier paper published on this subject is omitted (2).

Pflieger et al subdivided a data pool of 217 patients with intracerebral hemorrhages in two groups: group I (185) was formed by cases *without* a coagulopathy, and group II included 32 patients *with* known coagulopathy or abnormal prothrombin or thromboplastin time. In our work (2) we also compared two groups, but the criteria were quite different. Although we reviewed 174 cases of intracerebral hemorrhage, clinical or analytic data concerning risk for coagulopathy was available in only 54 patients. Therefore group I was formed by the 7 cases *with fluid-blood level* (we called it "level hematomas" because we considered the upper part as the plasma component of the blood), and group II was formed, as a control group, by 54 cases *without level*.

After our findings it was evident that clinical or analytic data suggesting a coagulopathy were present in all the patients with level hemorrhages, but 48% of the control group also had a known coagulopathy, abnormal analytic data, risk factors, or more than one of these conditions. We

concluded that a coagulopathy was insufficient by itself to explain the level pattern in all the cases, although it should instead have been stated that a preexisting coagulopathy will not necessarily result in a fluid-level hematoma. In other words, as Pflieger et al concluded, a fluid-level pattern strongly suggests a coagulopathy, whereas the finding of a fluid-level in patients with abnormal prothrombin or thromboplastin time is much less probable.

Luis C. Pons

*Institut de Diagnòstic per la Imatge. Centre Bellvitge
Hospital Duran i Reynals
L'Hospitalet de Llobregat
Spain*

References

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Reply

We appreciate receiving Dr Pons's information concerning his series of intracerebral hematomas. We were happy to learn that our data and conclusions were in agreement. I regret that our literature search did not uncover his report. However, we relied on the *Index Medicus*, which currently contains listings from 3081 journals, and it does not list reference 2 referred to in Dr Pons's letter.

L. Anne Hayman, MD

*Professor of Radiology
Director, Magnetic Resonance Center
Baylor College of Medicine
Houston, Tex*