

Diagnostic accuracy of a simple clinical score to screen for vascular abnormalities in patients with intracerebral hemorrhage

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© 2014 National Stroke Association. Background Patients with intracerebral hemorrhage may have vascular abnormalities. There is no consensus about which patients should be studied with angiographic methods. Our aim was to derive a simple clinical score to screen for vascular abnormalities in intracerebral hemorrhage (ICH) and test its accuracy. Results The performance of the scale in the derivation cohort showed the maximum operating point (MOP) at ≤ 5 (sensitivity.77, specificity.5). In the validation cohort, the MOP was a cutoff point of ≤ 5 (sensitivity.76, specificity.467). The positive and negative LR were 2.1 and .6, respectively. The ROC showed similar AUC for both cohorts: .7. The probability of a vascular malformation was 23% with scores ≥ 5 and 83% with scores ≤ 9 in the validation cohort. Conclusions This simple clinical score can be used immediately on diagnosing an ICH to decide accurately whether to perform an angiographic study or not. Further studies using this simple score sho