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### **SAH -subarachnoid haemorrhage (A letter to The Editor)**

SAH should be considered in any "worst ever" headache or sudden onset headache (1, 2).

Atraumatic SAH can occur in any age and is an important cause of sudden death or collapse. More than 2/3 of patients present with RAPID ONSET or "WORST HEADACHE EVER" (2).

SAH is classically described like a BLOW TO THE BACK OF THE HEAD accompanied by neck pain, photophobia and vomiting (3).

In 1/4 of patients headache is precipitated by exertion. "Warning headache" may precede SAH and UNILATERAL EYE PAIN may occur.

NECK STIFFNESS is often ABSENT in Emergency department presentations. Kernig's sign takes 6 hours to develop. CT head is the most sensitive within 12h from the onset of the headache. If CT is negative, Lumbar puncture should be done after 12h from the onset of headache. Suspicious is ANY SUDDEN HEADACHE especially WITH NECK or BACK PAIN (1-3).

In PRIMARY CARE only 1/4 of patients who present with sudden headache have SAH. Differentials include meningitis, migraine, intracerebral bleed and cortical vein thrombosis. Patients with SAH may earlier have experienced sentinel headache perhaps due to a small warning leak from the offending aneurysm (4, 5).

In patients with known aneurysm the relative risk of rupture increases with the diameter size of the aneurysm with relative risk 17 in aneurysm bigger than 12mm (6).

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