

A patient was brought to the ER after a spontaneous left basal ganglia hemorrhage, - known chronic HTN carrier-, he had an acute neurological deficit comprising right hemiplegia along with aphasia, neurologically stagnant, the brain CT scan revealed a left basal ganglia haemorrhage, with less than 5mm midline shift and approximately 20 cc of bleeding.

So, I discuss the case with neurology who refused to accept the case on grounds that they not follow such cases, so I wonder since this patient belongs to neurology and the treatment is expectant for neurosurgery side, who admits the patient, who follows it?.

In my best expertise opinion this patient should be admitted under neurology and follows by them until it becomes a surgical case, then and only then Neursurgery engages and after operation and further outcome the patient is followed by neurologist as joint team.

So, I need everyone opinion regarding this!,- since many training program might overlap or not-, which is the proper or international recognized way of action?