**Introduction:**
European guideline recommendations for the start of pharmacological deep vein thrombosis (DVT) prophylaxis after intracerebral hemorrhage (ICH) are unprecise and result in different clinical approaches. We analysed the effect of early (<48h) and late (>48h) administration of subcutaneous enoxaparin as DVT prophylaxis on prolonged hematoma expansion (HE) (>24h) and outcome in patients with primary ICH.

**Methods:**
We retrospectively analysed prospectively collected data from 134 consecutive ICH patients that received DVT prophylaxis in a tertiary hospital. HE was defined as an increase of >6mL measured using the ABC/2 method or the semiautomatic software based volumetric approach. Using multivariate analysis, we analysed risk factors including early DVT prophylaxis for HE>24h, hospital mortality and poor 3-month functional outcome (3m modified Rankin Score>3).

**Results:**
Patients presented with a median GCS of 14 (IQR 10-15), hematoma volume of 11mL (IQR 5-24) and were 71y old (IQR 61-76). 56% received early DVT prophylaxis, 37% late DVT prophylaxis and 6% had unclear bleeding onset. Hematoma volume was smaller in the early DVT prophylaxis group with 9.5mL (IQR 4-18.5) vs 17.5mL (IQR 8-29) in the late prophylaxis group (p=0.038) without any other significant differences in disease severity. Delayed HE (N=5/134, 3.7%) was associated with higher initial hematoma volume (p=0.02) and lower thrombocyte count (p=0.03) but not with early DVT prophylaxis (p=0.36) in a multivariate analysis adjusted for known risk factors. Early DVT prophylaxis was not independently associated with 3m outcome.

**Conclusion:**
Although limited by the retrospective design, our data suggest that early DVT prophylaxis (<48h) may be safe in patients presenting with primary ICH, which supports the recommendations given by the Neurocritical Care Society.