**Claims**

1. Use of a hemopexin (Hx) in the manufacture of a medicament for treating or preventing an adverse secondary neurological outcome in a subject following a haemorrhagic stroke accompanied by extravascular erythrolysis and release of cell-free heme and/or cell-free haemoglobin (Hb) into a cerebral spinal fluid (CSF), wherein a therapeutically effective amount of Hx is to be exposed to the CSF of the subject for a period of time sufficient to allow the Hx to form a complex with, and thereby neutralise, the cell-free heme.

2. The use of claim 1, wherein the haemorrhagic stroke is a spontaneous haemorrhage or a traumatic haemorrhage, an intraventricular haemorrhage or a subarachnoid haemorrhage, preferably an aneurysmal subarachnoid haemorrhage.

3. The use of claim 1 or 2, wherein the adverse secondary neurological outcome is selected from the group consisting of a delayed ischaemic neurological deficit (DIND), delayed cerebral ischaemia (DCI), neurotoxicity, inflammation, nitric oxide depletion, oxidative tissue injury, cerebral vasospasm, cerebral vasoreactivity and oedema, preferably an adverse secondary neurological outcome within the brain parenchyma.

4. The use of any one of claims 1 to 3, wherein the Hx is to be exposed to the CSF within about 21 days, preferably from 2 days to 14 days, after onset of the haemorrhage.

5. The use of any one of claims 1 to 4, wherein the Hx is to be administered intracranially, intracerebroventricularly or intrathecally to the subject, preferably intrathecally into the spinal canal or the subarachnoid space.

6. The use of any one of claims 1 to 5, wherein the therapeutically effective amount of Hx is from 2 µM to 1 mM, preferably from 2 µM to 400 µM, more preferably from 5 µM to 200 µM, most preferably from 10 µM to 200 µM.

7. The use of any one of claims 1 to 6, wherein the therapeutically effective amount of Hx is to be exposed to the CSF Hx extracorporeally, preferably
(a) comprising (i) adding to an isolated CSF sample from the CSF compartment of the subject Hx to obtain an Hx-enriched CSF sample; (ii) wherein the Hx-enriched CSF

sample is to be administered to the subject, thereby exposing the CSF compartment of the subject to a therapeutically effective amount of Hx for a period of time sufficient to allow the Hx to form a complex with cell-free heme in the CSF compartment of the subject; and optionally repeating (i); or

(b)(i) an artificial CSF comprising Hx is to be administered to replace a volume of CSF from the CSF compartment of the subject, thereby exposing the CSF compartment of the subject to a therapeutically effective amount of Hx for a period of time sufficient to allow the Hx to form a complex with cell-free heme in the CSF compartment of the subject; and optionally repeating (i); or

(c) comprising (i) exposing isolated CSF from the subject to Hx under conditions to allow the Hx, or the functional analogue thereof, to form a complex with cell-free heme in the CSF;

(ii) extracting the Hx:cell-free heme complexes from the CSF to obtain a heme-diminished CSF that has a lower amount of cell-free heme when compared to isolated CSF;

(iii) optionally repeating (i) and (ii) to obtain an heme-diminished CSF that is substantially free of cell-free heme;

wherein the heme-diminished CSF obtained from (ii) or (iii) is to be administered to the CSF compartment of the subject.

8. The use of any one of claims 1 to 7, wherein the Hx is a recombinant protein.

9. The use of any one of claims 1 to 8, further comprising exposing the CSF of the subject to a therapeutically effective amount of haptoglobin (Hp) and for a period of

10. The use of any one of claims 1 to 9, wherein a second agent for treating or preventing an adverse secondary neurological outcome is to be administered to the subject.

11. A method of determining whether a subject is at risk of developing an adverse secondary neurological outcome following a haemorrhagic stroke accompanied by extravascular erythrolysis and release of cell-free heme and/or cell-free haemoglobin (Hb) into a cerebral spinal fluid (CSF), the method comprising (i) measuring the amount of cell-free Hb in an isolated CSF sample from the subject following the haemorrhagic stroke; and (ii) comparing the amount of cell-free Hb in the CSF sample determined in (i) with a reference value, wherein the subject's risk of developing an adverse secondary neurological outcome is determined based on the comparison in (ii).