Case report on ischemic stroke

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Abstract

This case report is mainly about the ISCHEMIC STROKE. In this the arteries become narrow, and fat get deposited (plaque) know as Atherosclerosis which is due to blockage of blood & oxygen supply to part of the brain. It affects more than 795,000 people in the United States. Basing on clinical features, histopathological it has to diagnose and treated immediately to prevent the paralyzing life of people.

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Introduction

Ischemic stroke is characterized by the sudden loss of blood circulation to an area of the brain, resulting in a corresponding loss of neurologic function [1]. In the 1600s, a doctor named Johann Jacob Wepfer discovered the cause of ischemic stroke, Matthew and Cruveilhier described the lesions in stroke in 1800s [2]. Every year, more than 795,000 people in the United States have a stroke (610,000 - new strokes 185,000- people who had a previous stroke) [4]. The main causes involve High BP, VLDL, LDL levels, Heredity, Fibro muscular dysplasia [3]. The clinical manifestations are difficulty walking, weakness of one side of the body feeling faint, light-headedness, slurred speech, blurred vision, muscle weakness, mental confusion [5].

Fig 01: Ischemic stroke pathophysiology

Case Report

A male patient of age 53 years has come to General medicine ward with complaint of sudden fall since 6:45pm, the patient was apparently normal before 6:45 pm when suddenly lost his conscious level and he fell from the bed. He has marked with the history of DM- II, Hemiplegic ischemic stroke. His haemoglobin is 13.4 gm% and his other lab investigations states that increase in WBC, Eosinophils, ESR, Blood urea. He was given Inj. Mannitol 100ml for 3days which decrease the cerebral edema, Tab. Aspirin 150 mg for 3 days which

prevent new clot from forming, Tab. Clopidogrel 75mg for 3days to reduce the rate of recurrent stroke and Inj. Ceftriaxone 10 ml for 3days to prevent the infection in patient with acute stroke.

Discussion

Mostly to treat, it takes about 2-4 months of treatment. The Early treatment is Thrombolytic therapy – This involves medication called alteplase or a similar medication called Tenecteplase [6]. The stroke risk is associated with Antidepressant, HRT, Statins, Vit E. dose of corticosteroids (dexamethasone) should be taken and gradually to be reduced to lower levels and treatment usually starts with oral corticosteroids and may later be combined with a so-called steroid-sparing drug or adjuvant drugs. Corticosteroids must not be stopped suddenly as their sudden cease can affect blood pressure and blood sugar levels [7]. Inj ranitidine is given to treat as they patients suffer with erosions of mucous membrane which is equal to ulcers. Amlodipine tablet is prescribed to decrease BP without affecting the cerebral blood flow, Tab.Mannitol is used to reduce the cerebral edema, Tab.Enalaprilis prescribed to decrease BP & stroke of heart attack. Patient must cultivate some dietary and lifestyle modifications. Avoiding the drugs that raise blood pressure. The salt is not to be more than 1500milligrams and eat fruits and vegetables to increase potassium in your diet. Exercise more. Your doctor may prescribe medicines like ASPIRIN, Pantoprazole which prevent clot formation and more gastric acid secretion in the stomach respectively.

Conclusion

Ischemic stroke is a prevalent disease with devastating sequelae. Therapies for second stroke prevention have expanded in recent years and are often determined based on concomitant disease. Improvement in study methodology will help clarify optimal therapies for stroke and differentiate them from therapies of MI

Ethical Approval

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