

1-1-2019

## Cerebro-Vascular Accident


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### Recommended Citation

Gera, Mehak; Prasad, Rajendra; Babu, Suresh; and M, Manthappa (2019) "Cerebro-Vascular Accident," *Digital Journal of Clinical Medicine*: Vol. 1: Iss. 2, Article 8.

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## **Cerebro-Vascular Accident**

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### **CLINICAL HISTORY:**

63 year old male patient presented with

Slurring of speech since 1 day associated with deviation of angle of mouth to the left side.

No history of weakness of limbs, loss of consciousness, seizures, fever, altered sensorium.

Patient was newly detected to be hypertensive.

No h/o diabetes mellitus.

No history of Smoking.

History of consumption of Alcohol since 10-15 years

### **EXAMINATION AND INVESTIGATIONS:**

A 63 year old male patient moderately built and nourished, well oriented to time place and person.

No pallor, icterus,

clubbing, cyanosis, lymphadenopathy, edema.

VITALS-

PR:64b/m

BP:220/110mmHg

RR:16 cycles/min

SpO2:97% on room air.

SYSTEMIC-

CVS-S1 S2 heard, no murmurs.

RS-Bilateral NVBS

PA-Soft, non-tender

CNS-Conscious, higher functions intact.

Patient had UMN facial Palsy in the form of

Deviation of the angle of the mouth towards the left side.

Patient able to close the eyes properly and wrinkling of the forehead present bilaterally

Dysarthria present.

Other cranial nerves normal.

Motor-

Deep tendon reflexes- normal

Plantar- B/L flexor

UL- Left side power-5/5, right side-Weakness of the distal muscles of the small muscles of the hand

LL- left side-5/5, right side-5/5

Sensory- normal

Cerebellum-normal

Gait- Normal

BLOOD : Hb– 16.1gm/dl

Tlc – 9350cells/cumm

Rbc count – 4.64million/cumm

Platelet count – 2lakh/cumm

Reticulocyte count – 2.6%

MCV – 98.1fl, MCH – 34.7pg

MCHC-35.4gm/dl

Peripheral Blood Smear: Normocytic normochromic blood picture.

RBS-121mg/dl

Uric acid-5mg/dl

LFT- Normal

Carotid Doppler-

-Diffuse atherosclerotic disease of bilateral carotid vessel system.

-Mixed plaque in right carotid bulb causing no significant luminal narrowing/ haemodynamic changes.

Fundoscopy normal.

ECHO-

-Concentric left ventricular hypertrophy

-No regional wall motion abnormality, clots, vegetation, pericardial effusion.

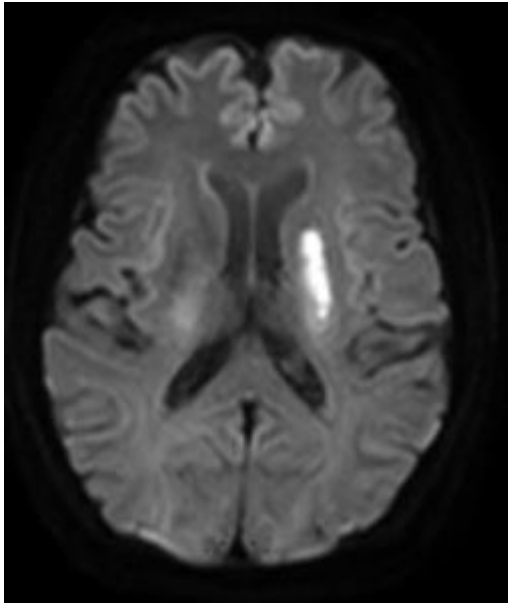
-normal left ventricular systolic function, EF- 64%

-Grade I L.V Diastolic dysfunction.

MRI Brain Report-

-acute infarcts in left corona radiata and capsuloganglionic region.

-age related cerebral atrophy with few chronic small vessel ischaemic changes.



**FINAL DIAGNOSIS:**

Newly detected Hypertension with Facio-brachial monoparesis on Right side

**DISCUSSION:**

**Treatment:** Tab Atorvastatin 40mg P/O Stat and HS

Tab Aspirin 75mg P/O HS

Tab Clopidogrel 75mg HS

Tab Cilnidipine 10mg 1 BD

Inj. Citicoline 500mg IV

Inj. Thiamine 500mg IV Q8H

Speech therapy in view of dysarthria.

Cerebrovascular accident or stroke is when blood flow to a part of brain is stopped either by a blockage or the rupture of blood vessels. It is of two types- an ischemic stroke caused by a blockage, a haemorrhagic stroke caused by the rupture of a blood vessel.(1) Both types of stroke deprive part of the brain of blood and oxygen.

Ischemic stroke is the most common.

Symptoms of cerebrovascular accident varies depending on the site of the lesion.(2)

- dysarthria,
- facial muscle weakness or numbness
- paralysis of of one side of the body or weak muscles
- dizziness
- blurred vision
- loss of balance and coordination
- difficulty in walking
- rapid involuntary eye movement

Investigation; CT or MRI of the brain

Treatment of cva-

Drugs like –

If the patient comes in the golden hour( within 3 hours), thrombolytic like Tissue Plasminogen activator like Alteplase is given. Before using it CT brain to be done to rule out Haemorrhage.

Other medications like antiplatelets, statins(plaque stabilizer),are given. antihypertensive drugs if required is given.

Speech therapy, occupational therapy, physiotherapyare provided depending on the deformity.

Faciobrachial monoparesis is presumed to be secondary to lesions involving Heubner artery (a proximal perforating branch from anterior cerebral artery) or lateral lenticulostriate artery(branch of middle cerebral artery) Occlusion of these perforating branches causes small vessel stroke. Hypertension and age are principal risk factors of these small artery strokes.(3)

**ACKNOWLEDGEMENTS:** None

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