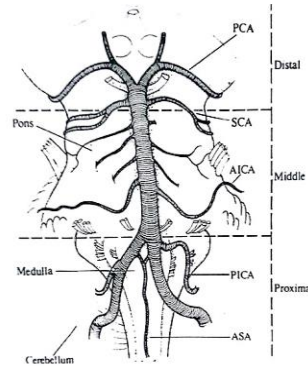


PROFILE OF POSTERIOR CIRCULATION STROKE –A STUDY OF 44 CASES

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Incidence



■ Male ■ Female

Risk factor	Number of patients
Hypertension	26 (59.09%)
Smoking	20 (45.45%)
Diabetes mellitus	9 (20.45%)
Ischemic heart disease	4 (9.04%)
Hyper cholestrelemia	8 (18.18%)
Rheumatic heart disease	3 (6.81%)
Chieropraxis	1 (2.27%)
Embolism from heart	10 (22.72%)

RESULTS

Among the 44 patients 38(86%) were males and only 6(14%) were female . Most of our patients presented with giddiness and vomiting (59%).Five (11%)patients had seizures at onset. Cerebellar signs and weakness were predominate signs in 50%and 47% respectively. Among the risk factors hypertension 59%and chronic smoking 45% dominated compared to other risk factors .Among these patients we found that distal territory location of infarcts were more common than other territories (46%)

Distribution of infarcts according to the territory

Location of infarcts	Number of patients
Distal only	20(45.45%)
Proximal only	4(9.09%)
Middle only	5(11.36%)
Proximal+distal	5(11.36%)
Proximal +middle	1(2.27%)
Middle +distal	5(11.36%)
Proximal+middle+distal	4(9.09%)

INTRODUCTION

Strokes in posterior circulation account for 20 percent of all strokes with up to 20 to 60 % having unfavorable outcome. Etiology of posterior circulation ischemia has been thought to be primarily due to local atherosclerosis .In this clinical case study, we analyzed the clinical profile, risk factors and distribution of lesions within the posterior circulation.

MATERIALS AND METHODS

We analyzed 44 patients with clinical evidence of posterior circulation ischemia ,over a period of one year .

Inclusion Criteria

1. All patients with clinical features suggestive of brainstem stroke
2. Imaging showing infarcts in posterior circulation

Exclusion Criteria

1. CT evidence of hemorrhage
2. Patients having infarcts in other areas-in anterior circulation and watershed infarcts

Patient details regarding age, sex ,risk factors and past medical history were recorded. Imaging was done in all patients . Location of infarcts lesions were subdivided as proximal which includes areas supplied by both vertebral arteries and posterior inferior cerebellar arteries .Middle includes areas supplied by basilar artery and anterior inferior cerebellar arteries .The portion supplied by distal basilar artery ,superior cerebellar artery and posterior cerebral arteries are designated as distal territory .

CONCLUSION

In our study we found that males were predominantly affected .Hypertension and chronic smoking contributed the major risk factors .Vertigo was the commonest symptom whereas cerebellar signs and weakness are the common signs .Distal posterior circulation is the commonest site for infarctions.