Re-Evaluation of the Role of Heparin in Developing Stroke

A Thesis

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The Master Degree
In
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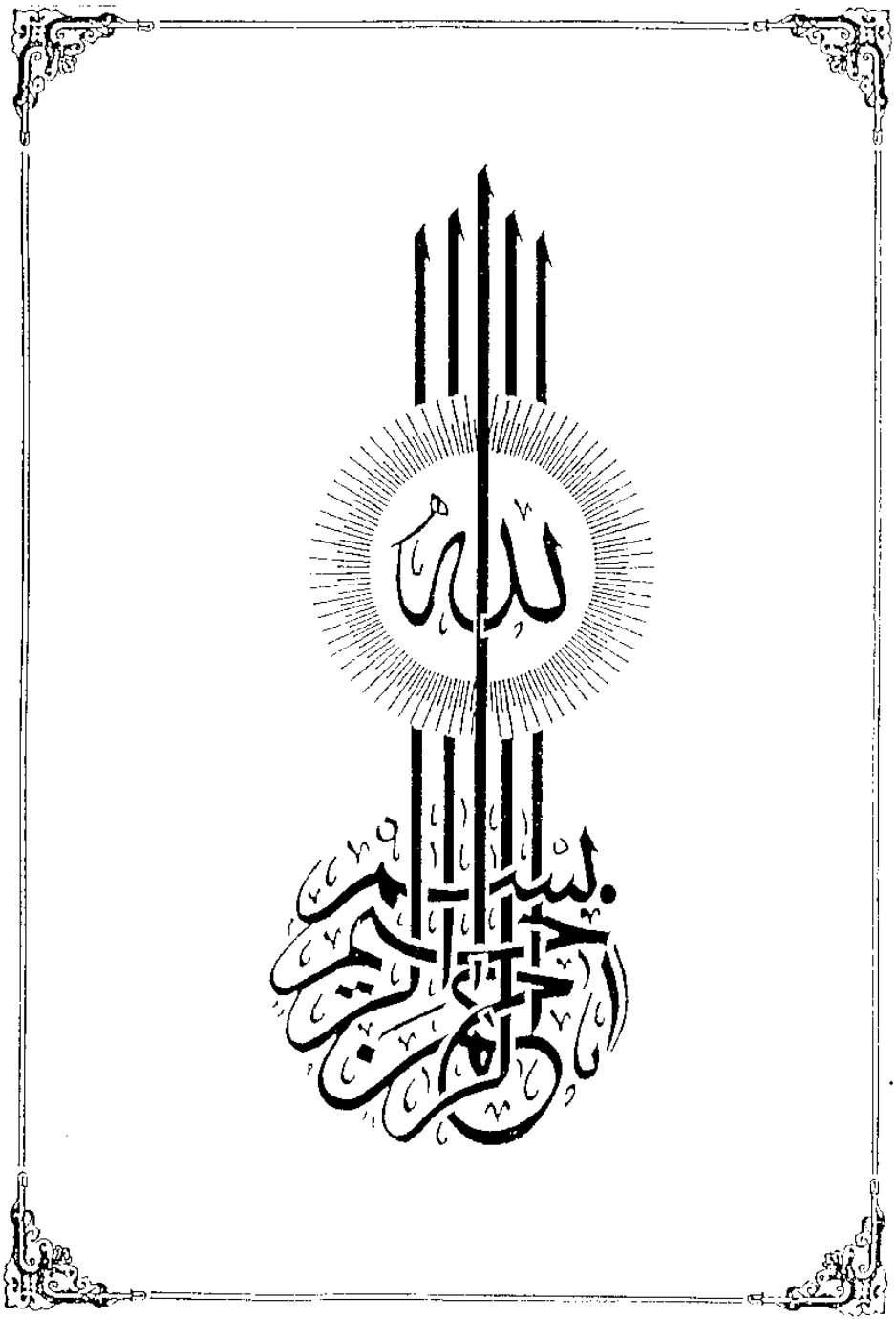

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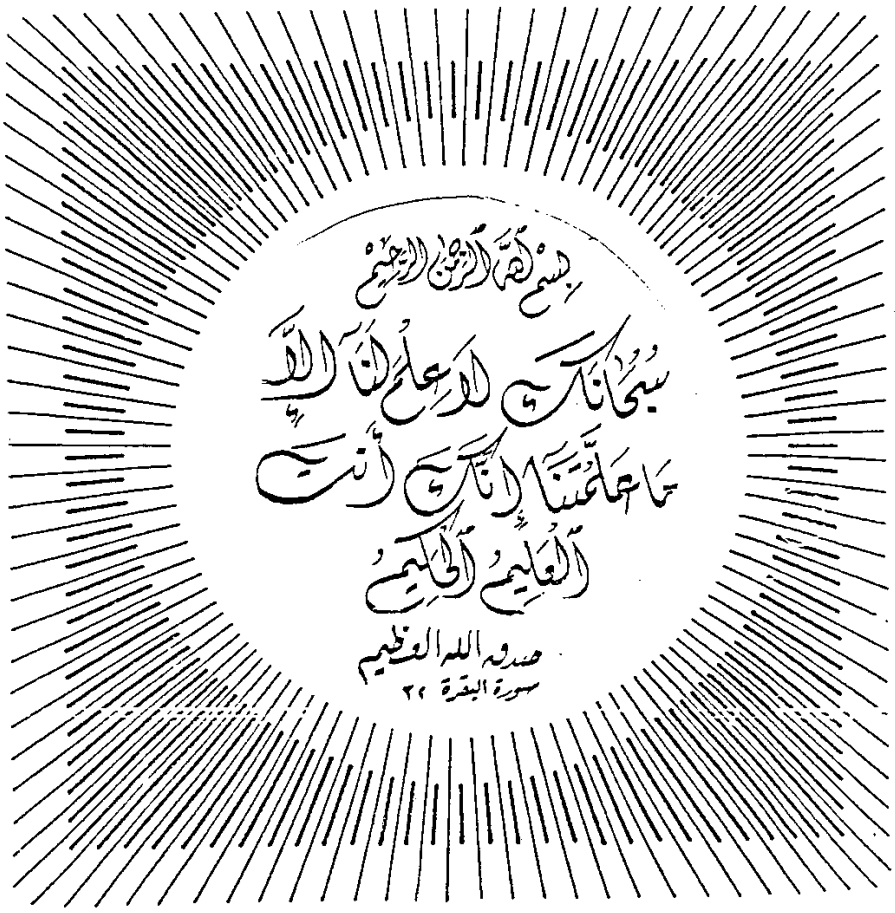

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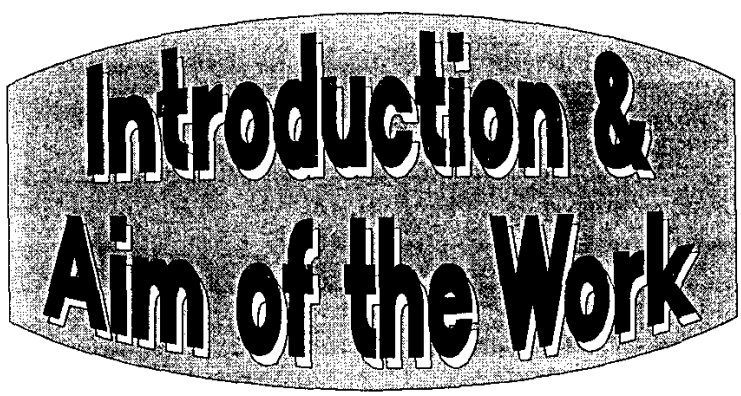

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INTRODUCTION

Cereborvacular stroke can be defined as the occurrence of focal neurological deficit due to occlusion of cerebral blood vessels, or rupture of intracerebral vessels with haemorrhage in the brain parenchyma or in the subarachnoid space. Retrospective studies had shown that infarction accounts for about 75% of stroke patients *(Dyeken et al., 1988).*

Progressive Stroke :

Approximately 60% of patients report progression after the initial symptoms, in around 30% of patients, the evolution occurs in the hospital and is classified as stroke in evolution. It is important to recognize stroke in evolution, since in many centers, it is treated with immediate anticoagulation. Evolution of stroke will usually occur at any time within 24 hours after an anterior circulation events, and 72 hours after stroke in the posterior circulation, because of the potential for evolution. It is important that patient with stroke should be observed closely, ideally in hospital *(James, 1996).*

Prescription of heparin in stroke patients is still controversial. A number of recent studies have suggested that the immediate administration of heparin therapy may be appropriate for evolving stroke *(Weksler et al., 1983).*

The rational for use of heparin in focal brain ischaemia. Is that these agents, should prevent propagation of thrombosis, and reduce embolization from the thrombus. Appropriate

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investigation include : CBC, platelet count, PTT, liver function tests and CT scan brain, should be performed as a part of the initial assessment of the stroke in order to rule out the intracerebral haemorrhage before proceeding with anticoagulants *(Sheilds et al., 1988).*

Aim of the Work :

Is to reevaluate the role of Heparin in developing stroke, and whether the neurological deficit improved, deteriorated or was fixed.

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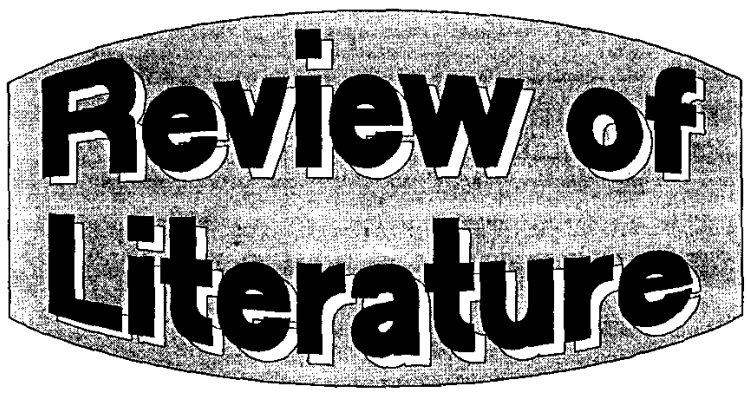

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