hossam maghraby

شبكة المعلومات الجامعية

بسم الله الرحمن الرحيم

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شبكة المعلومات الجامعية

شبكة المعلومات الجامعية

التوثيق الالكتروني والميكروفيلم

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جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

قسم

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بالرسالة صفحات لم ترد بالأصل

ACUTE STROKE MANAGEMENT

Thesis

Submitted in partial fulfillment for the requirements of

M.D. in Neurology

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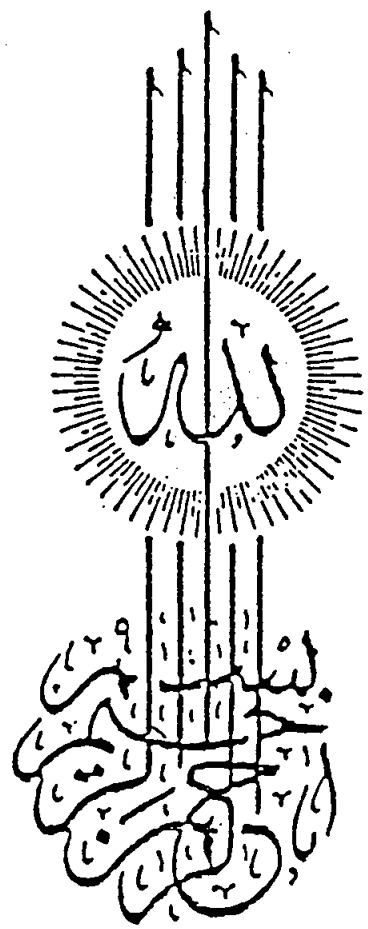

قَالُوا سُبْحَانَكَ لَا عِلْمَ لَنَا إِلَّا مَا
عَلَّمْتَنَا إِنَّكَ أَنْتَ الْعَلِيمُ الْحَكِيمُ .

صَدَقَ اللهُ الْعَلِيمُ
البقرة - ٣٢ -

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LIST OF ABBREVIATIONS

AF	Atrial fibrillation.
BBB	Blood brain barrier.
Ca	Calcium.
CBF	Cerebral blood flow.
CT	Computed tomography.
DVT	Deep vein thrombosis.
F	Female.
Gp	Glyco protein.
ICH	Intracerebral hemorrhage.
K	Potasium.
Lt	Left.
M	Male.
MCA	Middle cerebral artery.
MRI	Magnetic resonance imaging.
Na	Sodium.
NIHSS	National Institute of Health Stroke Scale.
NINDS	National Institute of Neurological Disorders and Stroke.
NMDA	N-methyl-D-aspartate.
No	Number.
PCA	Posterior cerebral artery.
PT	Prothrombin time.
PTT	Partial thromboplastin time.
rCMRglu	regional Cerebral metabolic rate of glucose.
$rCMRO_2$	regional Cerebral metabolic rate of oxygen.
RIND	Reversible ischemic neurologic deficit.
SPECT	Single photon emission tomography.
TAP	Tandem arterial pathology.
TCD	Trancranial doppler.
TIA	Transient ischemic attack.
t-PA	tissue plasminogen activator.
ttt	treatment.

CHAPTER I

INTRODUCTION

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INTRODUCTION

Many treatments for acute stroke have been devised, but no treatment has yet been conclusively shown to reduce early mortality or disability (**Counsell & Sandercock, 1994**).

As a result, no clear consensus exists about the appropriate hospital treatment for patients with acute ischemic stroke and substantial variation exists both within and between different countries in the management of stroke (**Ricci, 1995**).

Such wide variation in practice reflect, at least in part, the lack of generally convincing evidence about the balance of benefit and risk of many treatments (**Chen, 1996**).

It has to be stressed that the time lag from onset to treatment is the crucial denominator for therapeutic success. Attempts to apply treatment as early as possible requires immediate reliable diagnosis for cerebral ischemia in presumed patients (**Kriegen & Hocke, 1996**).

Computed tomography scanning is still the most widely used tool in clinical centers hospitalizing stroke patients, and it is unlikely to be routinely replaced by other imaging devices in the next years. This stresses the urgent need both for reaching for a general consensus on the criteria for identification of early CT signs and for the widest possible diffusion of this expertise (**Toni, 1996**). However, ultrafast diffusion/perfusion MRI can