

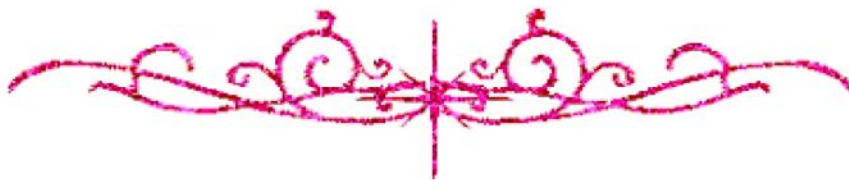
بسم الله الرحمن الرحيم



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شبكة المعلومات الجامعية التوثيق الالكتروني والميكرو فيلم



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جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

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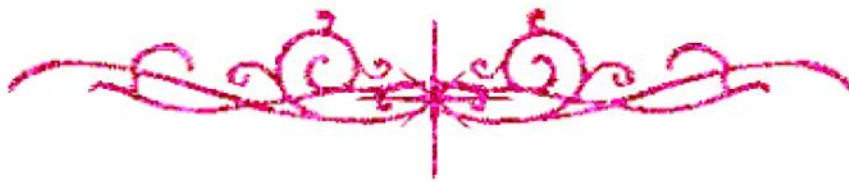
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نوعت نامه دکتوراه بنایسته طب و دتم سید ارسال

PROGNOSTIC FACTORS IN
HEMORRHAGIC STROKES

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Submitted By

Dr. Seham Abbas Ali

Assistant Lecturer of Neurology

Benha Faculty of Medicine

Supervised By

Dr. Laila E.L. Moussely

Professor and Head of Department of
Neuro-psychiatry, Faculty Of Medicine

For Girls ,Al Azhar University

Dr. Hussein Fathy

Professor of Neurology
Benha Faculty of Medicine

Dr. Rizk Khodir

Assistant professor of Neurology
Benha Faculty of medicine

Benha Faculty of Medicine
Zagazig University

2001

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

﴿ سَنُرِيهِمْ آيَاتِنَا فِي الْآفَاقِ وَفِي أَنْفُسِهِمْ
حَتَّى يَتَبَيَّنَ لَهُمْ أَنَّهُ الْحَقُّ أَوَلَمْ يَكْفِ بِرَبِّكَ
أَنَّهُ عَلَى كُلِّ شَيْءٍ شَهِيدٌ ﴾

قوله ﴿ سَنُرِيهِمْ آيَاتِنَا فِي الْآفَاقِ وَفِي أَنْفُسِهِمْ ﴾

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آية ٥٣

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INTRODUCTION

Introduction

Stroke is the most common serious neurologic condition in clinical practice. It is the third leading cause of death throughout the industrialized world, after heart disease and cancer. (*Loren and Rolak, 1993*).

Early neurological attention in acute stroke is related to better outcome and shorter hospitalization (*Davalos, et al., 1995*).

Hypertension, diabetes mellitus, anticoagulant treatment and amount of alcohol taken within 1 week seem more commonly to be associated with intracerebral hemorrhage (*Juvela, 1996*).

The prevalence of hypertension is strongly associated with the risk of stroke and the geographic variation in stroke incidence and mortality is due mainly to differences in the prevalence of hypertension (*He, et al., 1995*).

Intraventricular hemorrhage carries a poor prognosis, the mortality for IVH is related to the amount of intraventricular blood and increases from 32.2 % in cases with mild hemorrhage to 91 % in cases with complete hematoma (*Rohde, et al., 1995*).

Patient with large amounts of intraventricular blood have a poor prognosis, the question is whether the quantity of ventricular blood or other factors related to the origin of the intraventricular bleeding causes poor outcome.

Also it is concluded that the cause of an intraventricular hemorrhage is more important for outcome than the amount of intraventricular blood, and large intraventricular hemorrhage are not always associated with hydrocephalus (*Roos, et al., 1995*).

In many previous reports of cerebellar hematoma most patients were in coma and outcome has been more variable. Also outcome after external drainage was good only if a patient did not deteriorate and require an operation. (*Peter, et al., 1995*).

It has been reported that the, reduction of cerebral blood flow is more pronounced with thalamic hemorrhages than with putaminal hemorrhages and the clinical outcome is worse with the former (*Tanaka, et al., 1996*).

Accurate and early prediction of outcome of acute stroke would also help early management and planning of rehabilitation and has been shown to improve the management of patient, (*Murray, 1993*).

Urinary incontinence after stroke is common and associated with overall poor functional outcomes (*Jon, et al., 1996*).

Fever in the first 7 days was an independent predictor of poor outcome during the first month after a stroke and we found that patients with higher temperature had a worse stroke outcome (*Azzimondi, et al., 1995*).

The management of patient with an acute stroke requires some assessment of the likelihood of recovery. This prognosis may affect both the choice of initial medical therapy and the planning of rehabilitative programs, (*Prescott, 1982*).