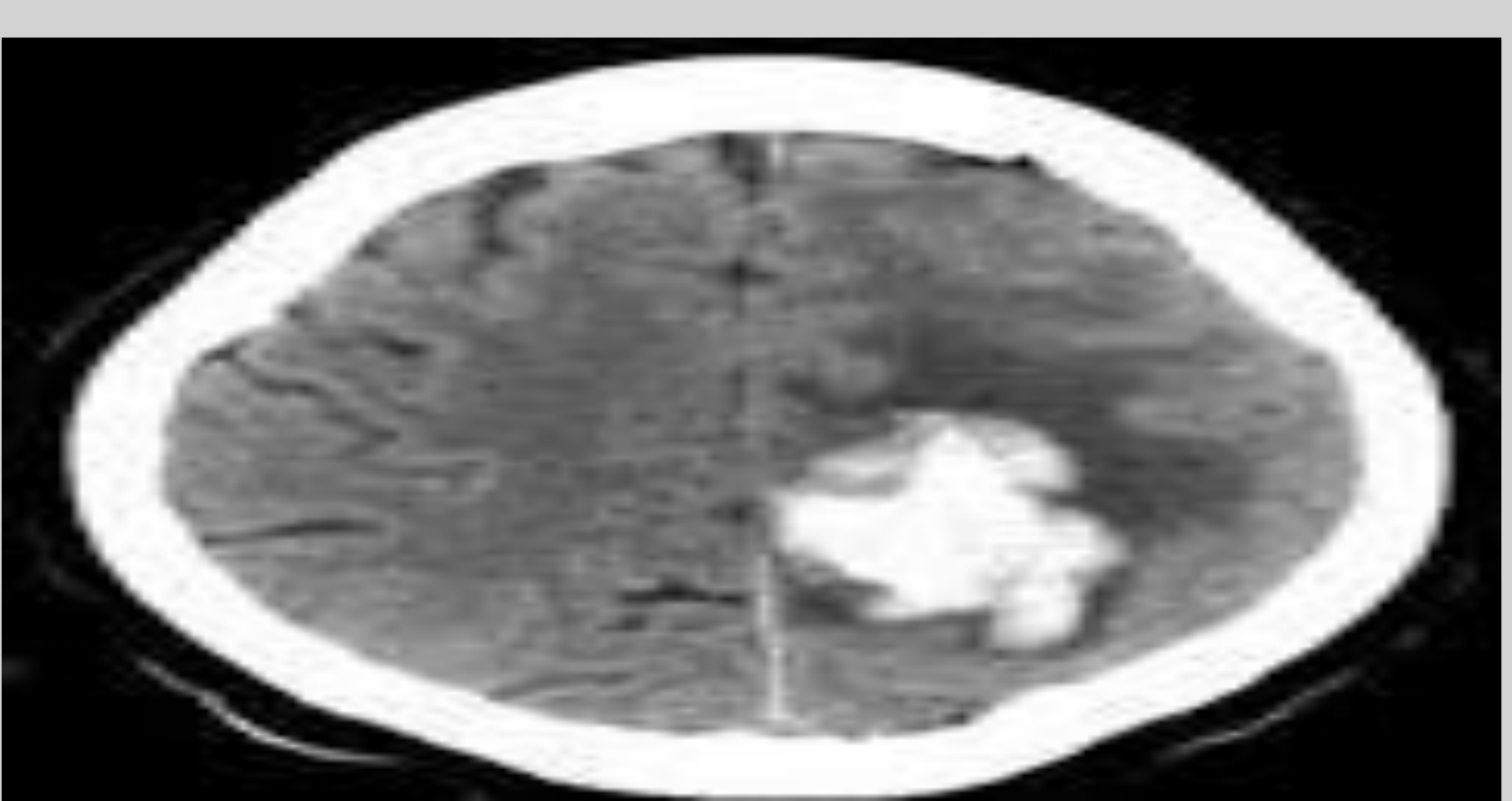


Objectives: Stroke is defined as a deficit of neurological origin resulting from an acute focal injury of the central nervous system by a vascular cause, including cerebral vein thrombosis, cerebral infarction, and brain haemorrhages¹. We present a case of subacute stroke in pregnancy.

Case report: A 30-year-old multiparous lady, with three previous normal vaginal deliveries at 38 +6 weeks gestation. Complained of sudden onset of headaches, right sided visual loss, paraesthesia of right arm and speech disturbance. Symptoms lasted for 2 hours and resolved spontaneously. Her blood pressure at presentation was normal but later whilst on admission had a transient elevation of systolic blood pressure, which resolved without medication. She had no proteinuria. Pre-eclampsia screen were normal. CT head without contrast showed subacute lacunar infarct in the left basal ganglia. Stroke team advised placing her on aspirin and that she was not suitable for vaginal delivery. She subsequently had a category three caesarean section and was discharged 2nd day post operatively to the stroke team for follow up.



Subacute stroke in pregnancy

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Discussion: The incidence of maternal stroke in pregnancy is estimated to be 30 in 100,000 pregnancies². The main types of strokes are ischaemic and haemorrhagic stroke. Ischemic stroke is the most seen in the 3rd trimester or early peuperium,² which was the case here. Pregnant women could be prone to stroke due to pre-existing heart disease, cardiomyopathy, or preeclampsia.³ Her presenting symptoms here raised the suspicion of intracranial involvement necessitating admission, further testing, and multidisciplinary team (MDT) approach.

Conclusion: A high index of suspicion, prompt investigations and identification can help to avert morbidity and mortality. A multidisciplinary approach is core to achieving a good outcome, as in this case discussions were made between the obstetric, anaesthetic and stroke team⁴.

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