

Ischaemia → Infarction → Liquefactive Necrosis

NB leaves a cavity (fills with CSF)

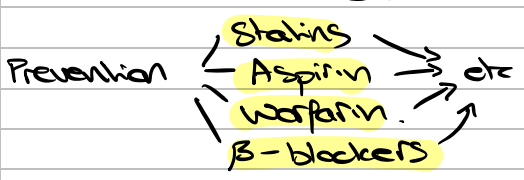
3 types → Thrombotic Atherosclerotic plaque
→ Embolic Embolus
→ Hypoxic Systemic Hypoperfusion or Hypoxemia
↳ watershed areas

Rx: tPA (Alteplase) [within 3-4.5hr onset
Must be of Haemodynamic instability or risk of haemorrhage

Thrombectomy - if large ca. occlusion

± Aspirin
± Clopidogrel } ↓ % with medical Rx

Rx that ↑ %: AF
coronary AA. stenosis
etc.



TIA: Transient Ischaemic Attack.

Brief → reversible episode of neurological impairment (focal) with no Acute Infarction. MRI.

commonly: Amaurosis Fugax
↳ Transient visual loss d.t TIA of Retinal ca.
[usually embolus from cardiac ca.]

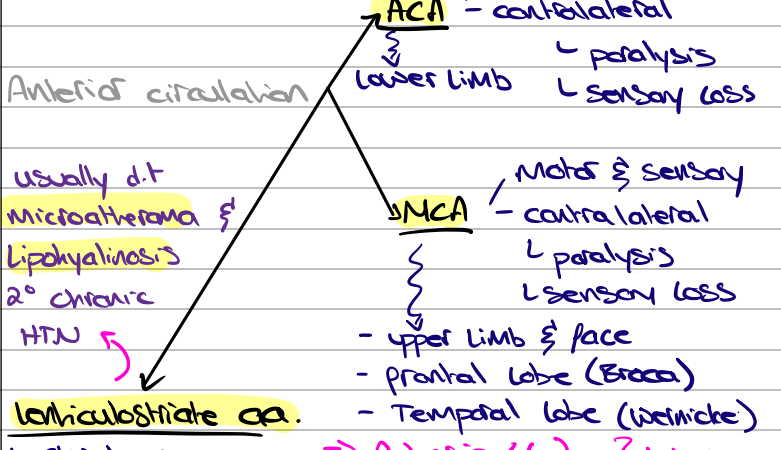
cerebral oedema

fluid accumulation in parenchyma (↑ ICP)

Cytotoxic oedema: d.t osmotic shift.
Na⁺/K⁺ ATPase dysfunction = ↑ intracellular Na⁺ []
Eg: SIADH / Hypernatremia (Hep. Enceph) / Ischaemia
↳ Δ in kreb cycle

Vasogenic oedema: Disruption of BBB
Ischaemia / Trauma / Haemorrhage / Inflammation
tumours.

EFFECTS OF STROKES



usually d.t Microatheroma & Lipohyalinosis
2° chronic HTN
=> Aphasia (L.)
=> Hemineglect (R.) } Higher functions
NB: Wernicke Aphasia = ass. with R. Sp. visual field defect (temporal lobe involvement)

contralateral paralysis without cortical signs (Neglect/Aphasia)
PCA occipital ca. contralateral Hemiparesis

Basilar Ao.
Pons, medulla, midbrain = If RAS spared = consciousness spared => Locked-in Syndrome

corticospinal / corticobulbar = Quadriplegia
tracts ↳ can only blink.

oculus cu nuclei } = loss of horizontal eye movements.
Posture Reticular Formation

AICA PIICA
Dysphagia & Hoarseness
- Ipsilat. Horner Syndrome
- Ipsilat. Ataxia / dysmetria

NB R. lesion
↳ L. Motor Loss
↳ L. Sensory Loss
↳ Neglect
↳ L. Visual Loss (large)

Stroke Localisation
↳ L. lesion
↳ R. Motor Loss
↳ R. Sensory Loss
↳ Aphasia
↳ R. Visual Loss (large)

