**A CLINICAL CASE OF ISCHAEMIC STROKE IN A CHILD**

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Ischaemic stroke is one of the top ten causes of death among children, occurring at a rate of 13 per 100,000. The incidence is higher in boys (1.4:1).[2]  
Causes of this pathology in children are somewhat different from those in adults. The main risk factors include thrombophilia, hyperhomocysteinemia, vasculopathies, congenital abnormalities of cerebral vessels, and heart disease. [1]  
We present a clinical case of ischaemic stroke in a 7-year-old boy.  
Two days before hospitalisation, the boy had a sudden headache in the right parieto-occipital lobe during lunchtime, lost his balance and fell down. The mother noted that the child was lying motionless, his eyeballs were pulled to the right, there was no movement in his left limbs and he could not understand the speech addressed to him. Before the arrival of the ambulance there was continuous vomiting, which did not bring relief.  
Neurological status on admission to hospital: the child was conscious, sensory and motor aphasia were observed. No oculomotor abnormalities were observed. There was central facial nerve palsy on the left side (opposite side to the focus), left-sided spastic hemiplegia. No meningeal symptoms were found.  
A CT scan of the brain was performed, which revealed a 1.2 cm ischaemic focus in the right inner capsule.  
A cardiovascular ECG revealed a right bundle branch block. An echo-ECG revealed a cardiac malformation in the form of an abnormal left ventricular chord.  
Clinical blood count showed marked thrombocytosis. No abnormalities were found in the study of blood protein fractions. The coagulogram showed increased IX, XII, XII factors of blood clotting, pronounced platelet aggregation activity.  
Complex therapy of the acute period of the disease was carried out in the department. Against the background of therapy positive dynamics in neurological status was noted: a week later speech appeared, hemiplegia regressed into hemiparesis. Two weeks later the child started walking independently, but hemiparesis persisted.  
Control examination three months later did not reveal any organic lesions of the nervous system.
Strokes in childhood, in spite of etiological factors, have in general a benign course with recovery of neurological functions.

The problem of strokes in children requires further study, multidisciplinary approach and working out of standards of treatment depending on etiological factor in acute and subacute stages of the disease.

**References:**
