

Stroke in a teenager? Declining mouth corner and sudden hemiparesis in 15-year-old boy

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Introduction: In pediatric population stroke is a rare diagnosis. According to statistics an incident of ischaemic or hemorrhagic stroke occurs in 1,3-13 per 100 000 children. Recently number of cases increases - due to the increased survival of patients with risk factors (as some genetic syndromes) and better diagnostic. In children symptoms of the stroke may be non-specific and must be differentiated with other disorders that manifestate with neurological symptoms.

Case report: 15-year-old boy was brought by ambulance by Team Rescue with headache, declining of the right mouth corner and hemiplegia of the right side of the body. Earlier in school he reported scotoma, headache 6/10 in Numering Rating Scale (NRS) at the frontal region. He vomited twice. On physical examination on admission, he presented negative meningeal symptoms, speech impediment, aphasia, temporal confusion, hemiparesis of upper and lower limbs, Babiński sign observed on the right side. Panel of diagnostic tests in order to exclude stroke was referred and he was admitted to Neurological Department. In TK and MRI of the brain, EEG and USG doppler of carotid arteries there were no pathological changes. He was discharged from the hospital with suspicion of hemiplegic migraine or an episode of transient ischaemic attack.

Conclusions: Detecting or excluding severe disorders is the most important issue in Emergency Department. Despite significantly lower incidence of stroke in pediatric population, it is crucial to remember that it can also occur. With the patient with characteristic symptoms of stroke (as decreasing mouth corner or hemiplegia) it is crucial to examine patient fast to prevent from severe neurological complications.