

## MISCELLANEOUS

## Pictorial Continuing Medical Education

### CT SCAN OF BRAIN MAY NOT BE SUFFICIENT IN MANAGEMENT OF ISCHAEMIC STROKE

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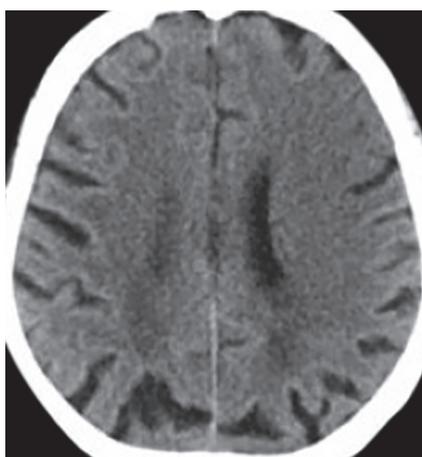
A sixty seven year old right handed nondiabetic hypertensive housewife (Figure 1) from middle socioeconomic status presented with weakness of left half of the body with facial deviation to right side which was worsen in last six months. She was previously treated as a case of ischemic stroke for last eight years and recently became bed bound. Her family noticed her behavioural abnormality along with irrelevant talks and agitation being more marked in last three months with two episodes of convulsion.

On examination, the patient was haemodynamically stable without sensory deficit but plantar was extensor on left side with exaggerated deep tendon reflexes on the left side of the body. There was marked spasticity in the left half of the body (Modified Ashworth Score being 2 around upper limb and 3 around lower limb). There was UMN pattern of neurogenic bowel and bladder. Provisional diagnosis of left sided hemiparesis due to possible new ischemic stroke or haemorrhage in ischemia was made.

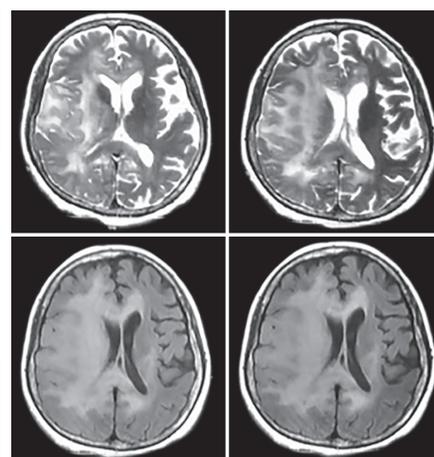
Previous CT scan (Figure 2) on 2008 was reported as right MCA territory infarct. Considering recent clinical deterioration MRI (Figure 3) of the brain was requested for the patient and it showed large space occupying lesion possibly glioblastoma multiforme involving major part of the right hemisphere of brain with pressure effect on the opposite side. Oral dexamethasone was added. Patient was transferred to oncology for definitive treatment.



**Fig. 1:** Profile picture



**Fig. 2:** Previous CT scan right MCA territory infarct



**Fig. 3:** Clinical deterioration MRI

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**How to cite this article:** Banerjee A, CT Scan of Brain may not be Sufficient in Management of Ischaemic Stroke. Indian J Phy Med Rehab 2017;28(2):84.