TOP TEN THINGS TO KNOW
Management of Stroke in Infants and Children

1. National Hospital discharge Survey reports from 1980-1998 indicate that the overall stroke risk in individuals from birth to 18 years is 7.8/100,000, with the hemorrhagic stroke risk at 2.9/100,000.

2. About a half of children presenting with a focal neurological deficit have a previously identified risk factor. In the other half, one or more additional risk factors are often discovered.

3. For arterial stroke the most common underlying conditions are sickle cell disease (SCD) and congenital or acquired heart disease.

4. Risk factors for stroke in children include congenital heart disease, sickle cell disease, infections, and prothrombotic states (formation of blood clots).

5. In sickle cell disease, the use of Transcranial Doppler can help define those children that are at high risk of stroke.

6. The clinical presentation of stroke in neonates in both arterial and venous strokes often present with seizures (focal motor seizures affecting one extremity).

7. Recommendations for prevention of stroke in SCD are given and include periodic blood transfusions to reduce the percentage of sickle hemoglobin, in children 2-10 years old with abnormal TCD results due to SCD.

8. Antiplatelet therapy such as aspirin can be used in children, recommendations are given.

9. Protocols for warfarin and heparin are also described in this paper.

10. Age-appropriate rehabilitation after stroke in children is recommended, as well as psychological assessments for cognitive and language disorders.