



Acute Ischemic Stroke: A Tip of the Iceberg

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Spreading awareness is the way forward!

In last 5 years, stroke care has changed tremendously. Five large positive trials in 2015 and two trials in 2018 have changed the perspective from which the stroke is seen.

This revolutionary research has many hurdles before it can be implemented to the larger population. This also exposes the anomaly in healthcare delivery, especially in tier two, tier three cities and villages in India. It seems far-fetched that a person in small Indian town will get mechanical thrombectomy within window period after suffering from acute ischemic stroke.

What are the hurdles?

- Timely recognition of the symptoms (FAST)
- Awareness that symptoms are reversible if managed in time (TIME IS BRAIN)
- Non-Availability of the trained healthcare professionals in peripheral cities
- Non-Availability of the equipment
- Expensive hardware required for the procedure
- Non-Availability of neurocritical care setup
- Non-Availability of neurorehabilitation centres.

Gravity of situation can be judged by the fact that till date even intravenous thrombolysis is not given in majority of Indian cities and hospitals, although the positive trial was published more than 20 years back.

Everyone is entitled to best medical care irrespective of the economic ability, but just for the sake of the argument, stroke care infrastructure is considered costly to be justified as economically viable. Having said that, it is important to understand that stroke is one of the major causes of mortality and morbidity, even in productive age group. One, timely and successful mechanical thrombectomy avoids atleast ten days of ICU stay, major surgery, atleast one year of aggressive physiotherapy, lifelong disability and depression which affects the entire family. Which will cost much

more than a million to the family or the state. Thus, investment in stroke care will be cost effective in long run, as opposed to what it seems at present.

The development of stroke infrastructure by authorities is the need of the hour and the onus is on the medical fraternity to sensitise the concerned about the requirement. The answer lies in increasing government investment in healthcare facilities with provision of affordable and fast intercity transport facilities.

As a first step every healthcare professional should take responsibility to go out in community and spread awareness about the recognition of symptoms of stroke (FAST) and importance of timely management by reinforcing the fact that stroke is reversible. This will increase the demand and may open roadblock and inertia to setup more centres.

These observations from India can be extrapolated to all developing and under developed countries. These constitute more than two third of the world's population. So, there is a long way to go when these research findings can benefit majority of world population. As neuroscience specialists it is our responsibility to take it forward and atleast be proactive in first step, of spreading awareness which seems logistically possible.

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