



Pediatric Neurology: Chapter 109. Outcome and rehabilitation after childhood stroke (Handbook of Clinical Neurology)

Vijeya Ganesan

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In contrast to popular belief, the vascular stroke syndromes of childhood (arterial ischemic stroke, cerebral sinovenous thrombosis, and nontraumatic intracranial hemorrhage) result in appreciable mortality and significant morbidity in survivors. The specific nature and range of impairments is affected by the etiology and distribution of the lesion as well as the age of the child. However, no domain of function is universally spared. Impairments, in particular affecting cognitive function, may only emerge over time and therefore long-term vigilance is important. Current rehabilitation approaches in these children are rarely evidence based and are usually based on approaches used in management of congenital disorders such as cerebral palsy. The rehabilitation approach should be targeted to the observed pattern of impairment rather than the diagnosis – for example dystonia, rather than spasticity, is a far more common consequence of arterial ischemic stroke in children, whereas most conventional stroke rehabilitation approaches target spasticity. Age is likely to be an important factor in both determining the potential for natural recovery as well as the response to rehabilitation. New rehabilitation approaches such as constraint induced movement therapy and transcranial magnetic stimulation hold promise.

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