

(B +ve)

Date : .....

DOA - 18/12/2017

DOD - 29/12/2017

BHT - 108237

(wd 17)

Mx. as LEFT sided ICH.  
(young stroke) R/sided  
body  
weakness!

24 yrs

Previously healthy

clt - R/sided body weakness /  
+  
no slurring OF speech since  
2 hrs.

Hx - R/sided Face, arm, leg  
weakness Follow Faintishness  
no slurring OF speech.  
no other bloody manifestations  
& no hx. OF bloody  
disorders.

no hx. OF epilepsy.  
no fever.

(after admission - OP Fever)

Date : .....

PIMHX -

PLS HX -

A HX -

m'l.

Bx - pale<sup>o</sup>, Afebrile.

PR - 90

DR<sup>+</sup> - mo

BP - 110/70

✓✓ ch

GLS - 15/15

L/L

U/L

|         | (R)    | (L) | (R)    | (L) |
|---------|--------|-----|--------|-----|
| P       | 0/5    | 5/5 | 0/5    | 5/5 |
| T       | Flacid | M   | Flacid | M   |
| R       | ↑↑     | M   | ↑↑     | M   |
| Sensory | M      | M   | M      | M   |

In - Ncer - Brain - (L) sided ICH<sup>+</sup>

Dengue NSI - antigen - Negative

FBC - WBC - 8.6/8.1 Hb - 14.8/4 PLT - 317

Ser - G3 → G2 BU - 3.2 Nat - 139  
Kt - 4.4 Nat - 139 AST - 59 ALT - 6

T. Bilirubin - 7.3

INR - 1.02 APTT - 30.2

T. cholesterol - 288 ESR - 08

Date : .....

- CT- angiogram of the cerebral circulation.

Abnl midus of vessels in the left posterior frontal region drain in to the dilated superficial vein.  
Feeding artery not demonstrated in the study

comment → Appearance are suggestive of left posterior frontal AVM. suggest further evaluation w MRA / DSA -

mx - IV Tranexamic 1g stat → 500mg bd x 3d  
Or Dexamethasone 4mg bdy x 3d.

PP 6 units transfused. Urticarial rash developed → transfused under IV piriton + IV hydrocortisone cover.

Physiotherapy arranged.

Prednisolone 10mg tds x 3d.

/256. USS - abdomen + KUB planned on 28/03/2018.

Transfer to NHCL - (wdg) for MRA / DSA



Date : .....

Dr. Nilaksha Kumarasinghe,

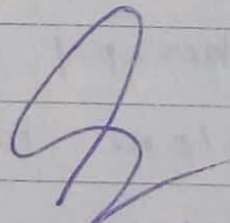
Consultant Neurosurgeon,

NHSL - Colombo

Dear colleague,

This 24yr old University student  
present with sudden onset R/side body weakness  
on 18/12/2018. NCCT-Brain shows L/ ICH.  
CT-Angiogram of cerebral circulation - appearance  
suggestive of L/ posterior frontal AVM. and suggest  
MRA/DSA. please be kind enough to see this  
patient with regards to MRA/DSA & further  
interventions.

Thank you.



(Dr. S. Godevithanage)

Dr. S. S. Godevithanage

MBBS, MD

Consultant Neurologist

Provincial General Hospital

Badulla.

