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Blood pressure optimization in different types of stroke: A systemic review

Stroke alters the cerebral auto regulation as a result blood pressure is elevated in most of the stroke patients. Different stroke types namely, intra cerebral hemorrhage, ischemic infarct and SAH (subarachnoid hemorrhage) each require different ranges of BP (blood pressure) optimization to maintain CPP and MAP. Inappropriate ranges of BP result as rebleed, infarct evolution and cerebral edema. The stroke types require different MAP (mean arterial pressure), CPP (cerebral perfusion pressure), systolic blood pressure (SBP) and diastolic blood pressure (DBP) to maintain adequate cerebral perfusion. Blood pressure optimization is among one of the most important steps in neuroprotection. This systemic review presents the latest updates in BP management in acute stroke. It also stipulates recommended ranges of CPP, MAP, ICP (intracranial pressure), SBP and DBP, for acute stroke management. Emphasis on, injectable anti hypertensives only in acute stroke is given and commonly used IV (intravenous) agents are also listed.

Recent Publications

- 1. Singh S, Gan H, Marasigan S and Navarro J C (2011) Co-occurrence of intraventricular hemorrhage and total anterior circulation infarction in an 80 year old female: A case report. Post Graduate Medical Journal of NAMS 11(1):56-58.
- 2. Singh S (2017) Phenobarbital treatment for malignant infarcts. Neuro: A Peer Review Journal of Neurology ISSN: 2392-
- 3. Abrams E M, Becker A B and Gerstner T V (2011) Anaphylaxis related to avocado ingestion: A case and review. Allergy, Asthma & Clinical Immunology 7:12.
- 4. Singh S and Devkota U P (2016) Guidelines for early specific management of acute stroke. Ultimate Marketing ISBN: 978-9937-0-0480-0.
- 5. Singh S (2016) Neurocritical care a case based approach. Ultimate Marketing ISBN 978-9937-8506-3-6.

Biography

Birendra Kumar Bista is one of the first Neurologists of Nepal. He has been pioneering in field of Neuroscience in Nepal and established the first neuroscience center of Eastern Nepal. He completed his study from Queen Square University, UK. Through years the work of this neuroscience center has been recognized home and abroad. He shows keen interest in medical management providing state of art services to this impoverished region of Nepal. Recently he added the first stroke center in Nepal. He firmly believes in continuous updated education and its implementation in hospital practices.

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