



OBSERVATIONAL STUDY ON LEVELS OF SERUM URIC ACID IN ACUTE ISCHEMIC STROKE (AIS) PATIENTS IN A TERTIARY CARE HOSPITAL

Neurology

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ABSTRACT

Increased serum uric acid levels are frequently cited as a risk factor for ischemic stroke. The goal of this study was to look at the link between serum uric acid levels and ischemic stroke, as well as to see if there were any gender differences.

KEYWORDS

Serum Uric Acid (sua) , Stroke(cva), Acute Ischemic Stroke (ais)

INTRODUCTION

After heart disease and cancer, stroke(CVA) is the 3rd greatest cause of mortality worldwide. It's also the second leading cause of impairment. Stroke is responsible for around 2% of mortality and 10-15% of morbidity in India. Atherosclerosis-related cerebral thrombosis is responsible for about 80% of strokes. Atherosclerotic lesions can occur everywhere in the arterial tree, although the carotid, vertebral, basilar, middle cerebral, and anterior cerebral arteries are the most commonly affected.

METHODS

- This study is a prospective observational study conducted on hundred (100) pts of acute ischemic stroke (ais) admitted in chri, over the period of twelve 12 months.
- patients written consent

Inclusion criteria:

Pts with first episode of acute ischemic stroke with radiological (CT/MRI) evidence of infarction within one week of onset of stroke ,Patients aged above 18 yrs.

Exclusion criteria:

Patients with previous history of TIA / stroke, K/o gout, renal failure, liver cirrhosis, thyroid dysfunction, malignancy, pregnancy, trauma, surgery, infection,,AND those who are on thiazide diuretics.

NIHSS score:

0 score- No stroke symptoms. 1-4 score -Minor stroke. 5-15 score-Moderate stroke. 16- 20 score -Moderate to severe stroke. 21-42 score-Severe stroke.

SUA:

2-7 mg/dl- Normal. >7 mg/dl - High value.

MRS:

MRS < 2- Good functional outcome. MRS > 2- Poor functional outcome.

The Levels Of Serum Uric Acid Were Associated With The Following Factors: HTN, Diabetic, Dyslipidemia, Cad, And Smoking History. Stroke Severity In Clinical Terms. All Of The Patients Were Treated According To Asa Recommendations. Only Monitored On A Daily Basis While In The Hospital.

Demographic variables	Category	No of patients	SUA levels		P value
			Mean	SD	
Age Group	<65	68	5.34	1.21	T=4.7714 <0.0001*
	>65	32	4.01	1.34	
Sex	Male	76	4.98	0.97	T=0.5057 0.6142
	Female	24	4.87	0.78	
Risk factors	HTN	65	5.64	1.25	F=10.847 <0.0001*
	DM	51	6.49	0.97	

Stroke severity	Hyperlipidemia	34	5.75	0.83		
	CAD	32	6.41	0.73		
	Smoking	34	5.02	0.88	F=88.097	<0.0001*
	Mild	45	3.11	0.98		
	Moderate	49	5.82	0.83		
Functional outcome	Moderate-Severe	5	7.14	1.03		
	Severe	1	8.45	----		
	Good Functional outcome	94	4.61	0.93	T=7.6886	<0.0001*
	poor functional outcome	6	7.68	1.24		

CONCLUSIONS

According to the findings, high blood uric acid can be utilised as a measure for increased stroke risk and has been linked to stroke severity and poor functional outcomes in acute stroke.

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