



ORIGINAL RESEARCH PAPER

Pediatrics

MINERALISING ANGIOPATHY PRESENTING AS ACUTE BASAL GANGLIA STROKE FOLLOWING MINOR HEAD TRAUMA IN A CHILD: A CASE REPORT

KEY WORDS: Mineralising angiopathy, basal ganglia stroke, pediatric stroke, minor head trauma

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ABSTRACT

Mineralising angiopathy is an important cause of pediatric stroke following minor head trauma. It involves calcification of lenticulostriate arteries, making them prone to injury. We report a case of 6 year old child presenting with acute hemiparesis after trivial trauma, diagnosed with basal ganglia infarction. Early imaging and supportive management resulted in good recovery.

INTRODUCTION

Pediatric arterial ischemic stroke is rare but significant. Mineralising angiopathy has been increasingly recognized as a cause, especially in young children after minor trauma.

CASE REPORT

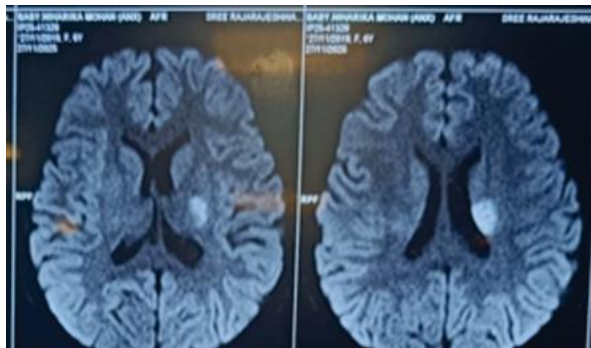
A child presented with sudden onset hemiparesis following minor head injury. There was no history of seizures or loss of consciousness. On Examination child was conscious and oriented with left sided hemiparesis. No cranial nerve deficit or meningeal signs were noted. Routine laboratory investigations (PT, aPTT, INR) were within normal limits. MRI brain revealed a focal area of diffusion restriction in the right basal an acute infarct in the lenticulostriate territory. A diagnosis of mineralising angiopathy was made. The child was managed conservatively with antiplatelet therapy and showed gradual improvement.

DISCUSSION

Mineralising angiopathy involves calcified lenticulostriate arteries that are vulnerable to shear injury. It typically presents with sudden hemiparesis in children without systemic illness. CT scan detects calcifications while MRI identifies infarction. Management is supportive with good prognosis if diagnosed early.

CONCLUSION

Mineralising angiopathy should be considered in children with stroke after trivial trauma. Early diagnosis improves outcomes.



REFERENCES

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