

Editorial on Neonatal Stroke

Raajitha. B*

Department of Pharmacology, University of JNTUK, Guntur, India

Editorial Note

Neonatal stroke is characterised as a disruption to the blood supply of the developing brain in the first 28 days of life, similar to a stroke that occurs in adults. This classification covers both ischemic events resulting from vessel blockage and hypoxic events resulting from a lack of oxygen in the brain tissue, as well as a mixture of the two.

Hypothermia is one therapy that has some proven advantages, but may be most effective in combination with pharmacological agents. Although there are few well-designed clinical trials for stroke care in neonates, some current experiments include the transplantation of neural stem cells and umbilical cord stem cells; it is uncertain if this therapy will be effective.

A neonatal stroke occurs within first 28 days of life, though late onset is not uncommon opposed to perinatal stroke, which occurs between 28 weeks of pregnancy and the first 7 days of life. Ischemic strokes account for 80% of neonatal strokes, and their symptoms differ greatly, making diagnosis difficult. Seizures are the most common form of neonatal strokes, but lethargy, hypotonia, apnoea, and hemiparesis include other symptoms.

Risk factors

In triggering a neonatal stroke, several different risk factors play a role. Autoimmune disorders, coagulation disorders, exposure to prenatal cocaine, infection, congenital heart disease, diabetes, and trauma are some maternal disorders that may lead to neonatal strokes. Placental thrombosis, placental abruption, placental inflammation, and chorioamnionitis are all placental disorders that raise the risk of stroke. Blood, homocysteine, and lipid disorders, such as polycythemia, disseminated intravascular coagulopathy, prothrombin mutation, lipoprotein deficiency, and factor VIII deficiency, can all increase the risk of a neonatal stroke. Many infants who have a neonatal stroke have had an uncomplicated pregnancy and delivery with no known risk factors, indicating the need for further research on this subject.

Diagnosis

Neonatal strokes occur in around 1 of every 4000 births, although the figure is likely much higher due to the lack of apparent symptoms at birth. Because of the time between stroke and clinical presentation, if any, diagnosis sometimes occurs approximately 36 hours after the onset of neonatal stroke.

Prevention

Some research indicates that the incidence of cerebral palsy in surviving neonates is decreased by magnesium sulphate administered to mothers prior to early preterm birth.

Treatment

Treatments involving antithrombotic agents can result in the presence or possibility of organ or limb impairment, as well as bleeding risks. Other Treatments include Heparin, an anticoagulant; have been used in case of cerebro-venous sinus thrombosis to stop thrombosis extension.

*Corresponding author: Raajitha, Department of Pharmacology, University of JNTUK, Guntur, India. E- mail: raajitha.nrt@gmail.com

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