

On reviewing patient's records; although the number of reviewed records was small, yet table 6 showed that the most common presentation among patients with both types was seizure (87.5%) in hemorrhagic type and (70.6%) in ischemic one), the second common presentation among patients with ischemic type was disturbed consciousness (47.1%),

hemiplegia and/or paresis (35.4%) and only (17.7%) of them presented with vomiting, whereas vomiting came in the second place among patients with hemorrhagic type (62.5%). 25% of those with hemorrhagic type presented with either bulging fontanel or pallor.

**Table 6. Distribution of the study group by type of stroke and presenting complaint\***

Presenting Complaint	Ischemic Stroke (17)		Hemorrhagic Stroke (8)		Total (25)	
	No.	%	No.	%	No.	%
Seizure *	12	70.6	7	87.5	19	76
Disturbed consciousness	8	47.1	1	12.5	9	36
Vomiting	3	17.7	5	62.5	8	32
Hemiplegia and /or paresis	6	35.3	0	0	6	24
Bulging fontanel	0	0	2	25	2	8
Pallor	1	5.9	2	25	3	12

\*95%CI for differences between proportion of seizure as a presenting symptom in both types of stroke (-0.19 – 0.41); the difference was statistically not significant  $P > 0.05$

Regarding seizure as presenting symptom, table 7 showed that most of those presented with seizure were below 1 year of age (79%).

**Table 7. Distribution of patients with seizure as presenting symptom by age groups**

Age groups	Seizure	
	No.	%
Less than one year	15	79
≥ 1 year	4	21
Total	19	100

Table 8 showed the distribution of patients by residency. It was found that most of the patients (63.8%) were from Baghdad city, Kut was the second governorates in number of patients (11.6%) followed by Diyala governorate (7.3%).

## Discussion

Up to our knowledge this is the 2<sup>nd</sup> study that described the experience of this hospital with

children who were admitted with features of stroke. The previous study<sup>(7)</sup> included patients with stroke as those who were presenting with hemiplegia only without pointing to the inclusion and /or exclusion criteria or the neuroimaging as a definitive diagnostic criteria. The current study showed that the calculated annual hospital frequency rate of stroke was 54.2/100,000 children. This result is much higher than what was reported in two studies performed in Saudi Arabia<sup>(8,9)</sup>. The Children Welfare Teaching Hospital is a tertiary care center which drains a very wide area and this may partially explain this difference.

The mean age at first diagnosis was found to be  $25.8 \pm 37.2$  months with a median of 10 months. A work done on Saudi children by Salih et al<sup>(9)</sup> demonstrated similar age trend, whereas a study in Melbourne<sup>(6)</sup> showed an older mean age than the current study, this could be attributed to including children up to 18 years of age in that study rather than 14 years, and it may be attributed to differences in the etiology and sociodemographic