significant trend to be more common in hemorrhagic than in Ischemic types. The study done by Zimmer et al [21] demonstrated the age trend with seizures being more frequent in younger children when looking at childhood arterial ischemic stroke. Wide ranges exist in the literature regarding the incidence of early seizures in children following stroke, ranging from 34 to 53.8% [22].

Youngest children tend to have higher rates of early seizure in the stroke setting. The occurrence of higher seizure rates in children than in adults is likely due to immaturity of the neural networks leading to imbalances in excitatory and inhibitory amino acids. This, in turn, can cause increased excitation or decreased inhibition which, can lead to increased susceptibility to develop seizures [22,23]. Other studies found that this presentation can be more common than hemiparesis especially in the neonatal period [24,25].

Nearly two thirds (63.8%) of the patients in the current study were from Baghdad city, where the hospital is, and as a tertiary center many cases are referred to this center from nearby governorates.

We conclude that pediatric stroke is not uncommon in Iraqi children; arterial ischemic stroke is over-represented in children less than 12 months of age, furthermore hemorrhagic strokes present in children younger than ischemic stroke. Rapid assessment and diagnosis can be achieved by increasing awareness of pediatricians that vomiting, headache, and altered conscious states are indicators of serious intracranial pathology, warranting urgent neuroimaging. Childhood ischemic stroke appears to be more common in boys regardless of age and stroke subtype. Further exploration of this gender difference could shed light on stroke mechanisms in both children and adults. Complete stroke registries are necessary to provide information for future studies. Further studies evaluating a larger population in different clinical settings are required to provide a more comprehensive picture of stroke in children in this area.

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