

ABSTRACT

Stroke is a worldwide concern. Approximately two hundred lakh people every year will suffer from stroke and of these fifty lakh will not survive^{2,3}. In the developed nations, stroke is the leading cause for disability, second cause of dementia and third cause of death. Stroke is the second common cause of death and fourth leading cause of disability globally relevant. This is a prospective study involving inpatients between 20-80 years admitted with ischemic stroke of both sexes was assessed in this study. Clinical examination, NIHSS scoring was done at admission. The objectives that would be studied in this study correlation of clinical findings with MRI, to assess whether intracranial, extracranial or both involvement in AIS, Most commonly involved arteries, Correlation of infarcted area in the brain and MRA + CV doppler, Percentages of recurrent CVA Percentages of intracranial anomalies, Percentage of thrombolysis in PSGIMSR, NIHSS comparisons between right and the left sided brain involvement, Percentage of smokers, alcoholics or both Percentages of DM, SHT, Dyslipidemia , Incidental ANA-IF positivity and hyperhomocystenemias in PSGIMSR, Decision regarding medical or surgical treatment based on the arterial studies and lastly Prevention of strokes at various levels. This study had positive correlation for clinical presentation and area of infarct. This study had positive correlation of area of infarct and areas of infarct the vessels involved. Incidentally what was an interesting finding in this study was percentage of positivity for ANA-IF and serum homocysteine levels. Good clinical examination plays an important role in localising the lesion despite many caveats.