

Rehab Challenge

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A 65 years old, right-handed hypertensive male, smoker and alcoholic for the last 10 yrs presented with sudden onset left upper and lower limb weakness for the last two weeks associated with facial deviation to right side and slurring of speech for the same duration. There was no history of seizure, unconsciousness, vomiting, blurring of vision, neck rigidity. Gradually the patient was recovering after treatment in PMR dept. and was about to be discharged. Then, he again suffered from sudden onset weakness of right upper and lower limb along with slurring of speech and facial deviation. MR Angiogram was done which was normal.

Patient was managed pharmacologically and nonpharmacologically and became partially independent on mobility with normal bowel and bladder, then he was discharged home.

On the next visit in PMR OPD, the patient came with difficulty to stand from sitting position and feeling wobbly on standing. After thorough examination and discussion, it was concluded that his neurological manifestation was due to loss of cerebral connection of corpus callosum as a consequence of hemorrhagic cerebrovascular accident (CVA).

Please give your opinion regarding further management regarding postural stability considering the neurological damage of the pathways.

