

# An Overview on Perinatal Stroke and its Types

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## Editorial

Perinatal stroke is a disease in which a baby has a stroke between the 140th day of incubation and the 28th day after pregnancy which affects one in 2300 living children. These infections are further divided into three groups, most notably the newborn blood vessel, neonatal cerebral sinovenous ischemic stroke, and perinatal stroke. A few aspects of gambling add to the risk of birth defects including birth defects, sudden placental abruption, infection, and maternal health. The baby may not appear in the early stages of life and may develop common symptoms of birth defects such as fainting, helpless interactions, and delayed speech as they grow older. Demonstrative tests, for example, attractive reverberation imaging, electroencephalogram, and blood tests are led when experts estimate that patients have developed symptoms of perinatal stroke. The visual acuity of the disease is related to the severity and development of symptoms. The condition can be treated with anticoagulant and anticonvulsant, surgery, and restorative hypothermia, depending on the patient's condition.

Neonatal blood vessel ischemic stroke: Neonatal blood vessel ischemic stroke occurs when the arteries are partially or completely closed. The current condition often affects the location of the cerebral blood vessel. This small group of perinatal stroke affects 5 to 43 per 100,000 live births. A new international friend study showed that a stroke or successful stroke caused 65% of patients suffering from neonatal blood vessel ischemic stroke. Risk factors such as maternal fever, gestational diabetes and having a miscarriage will cause a newborn heart attack. However, the exact etiology of neonatal blood vessel ischemic stroke remains uncertain until now.

Neonatal cerebral sinovenous ischemic stroke: Neonatal cerebral sinovenous ischemic stroke infection of the cerebral venous structure caused by apoplexy. Apoplexy in this area will prevent discharge from the venous structure, causing flooding in the focal venous strain. This will cause high intracranial hypertension, cerebral ischemia or generalized discharge that may result in chronic neurologic deficiency or death. The disease has a rate of between 2.6 to 2.69 per 100,000 children each year. However, death from neonatal cerebral sinovenous ischemic stroke is quite interesting.

Suspected Stroke: A suspected obstetrician is a condition in which a stroke has recently been diagnosed shortly after birth and does not involve any significant neurological evaluation within 28 days after birth. Most newborns who were later diagnosed with perinatal stroke were relieved of side effects during childbirth. The incidence of a stroke varies between the 140th day of pregnancy and the 28th day of pregnancy among those newborns who suffer from a stroke. These newborns often experience side effects of pulmonary artery or venous white areas of dead tissue that may have mutations in hidden tools, harmful substances, and side effects.

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