

Stroke outcome

Among [stroke](#) patients, [primary intracerebral hemorrhage](#) (ICH) has the highest [mortality rate](#).

Currently, cerebral stroke is considered to be one of the prior causes of high mortality, disability, and morbidity.

[Stroke](#) is a significant cardiovascular disease that influences the health of human beings all over the world, especially the elderly population.

Findings suggest a much larger contribution of healthcare access and quality (HAQ) to the younger mean age of stroke in low-middle income countries (LMICs), as compared with other potential factors. Additional studies on stroke care quality and accessibility are needed in LMICs ¹⁾.

A bursting inflammation has been observed that compromises neurologic function in patients who experience stroke.

Stroke causes lifelong disabilities where few therapeutic options are available. Using electrical and magnetic stimulation of the brain and physical rehabilitation, recovery of brain function can be enhanced even late after stroke.

[Stroke center](#) volumes significantly influence efficiency and outcomes in [mechanical thrombectomy](#) ²⁾.

Higher [BP](#) within the first 24 hours after successful [mechanical thrombectomy](#) was associated with a higher likelihood of [spontaneous intracerebral hemorrhage](#), [mortality](#), and requiring [hemicraniectomy](#) ³⁾.

Among young adults aged 18 to 49 years in the [Netherlands](#) who were 30-day survivors of first stroke, mortality risk compared with the general population remained elevated up to 15 years later ⁴⁾.

Stroke biomarker

see [Stroke biomarker](#).

¹⁾

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