



## Correspondence

## Stroke Following Trivial Trauma



We read with great interest the article by Baby et al. on basal ganglia stroke precipitated by trivial trauma in a child with mineralizing angiopathy.<sup>1</sup> The authors discussed the pathophysiology of trivial-trauma-related stroke, describing the role of mechanical factors. We would like to share our experience with trivial trauma stroke.

Stroke associated with trivial trauma stroke is quite common in infancy and typically has a good prognosis.<sup>2</sup> We encounter four to five such patients per year. The evaluation for an underlying pro-coagulant state, echocardiography, etc., is usually normal. However, the potential for an underlying lenticulostriate vasculopathy (such as retroviral infection, hypoparathyroidism, etc.) should be evaluated. Although uncommon, recurrence and bilateral stroke are also known.<sup>2</sup> The role of aspirin in preventing recurrent stroke is also unclear because recurrence is often preceded by trivial trauma, leading to transient vasospasm. The pathophysiology underlying the acute deterioration following trivial head trauma remains uncertain, and different hypotheses have been proposed. The possible pathophysiology for mineralizing angiopathy includes a macroscopic abnormality in the vasculature with a predisposition to vasospasm and stroke following trivial head trauma.

## References

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