

### **Case 1**

**71 Right handed male.**

**Lives with wife, independent for all activities of daily living. Background history of hypertension for which he takes Amlodipine, not on any antiplatelets/anticoagulants.**

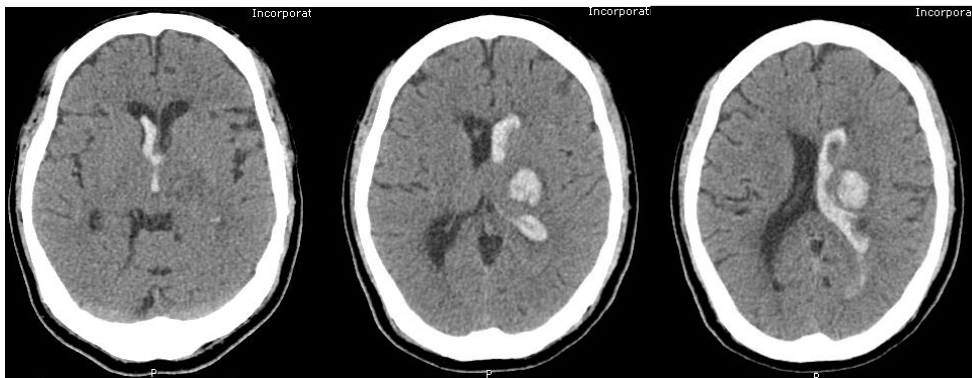
**Last known to be well 2 hours prior to presentation. Presentation with sudden onset right sided weakness affecting the face, arm and leg.**

#### **Examination**

**BP 220/100, afebrile. GCS 15.**

**Dense weakness down right side, no dysphasia.**

#### **Initial CT head scan**



**On ward 8 hours later patient reports worsening headache and double vision.**

**Patient drowsy, responds to voice. 6<sup>th</sup> nerve palsy noted. Repeat CT scan performed (See below)**

#### **Subsequent CT head scan**



**Case 2.**

**73 year old male, right handed. Lives with his wife, independent of all activities of daily living.**

**Background history of previous ischaemic stroke secondary to AF, for which he is prescribed Apixaban, as well as type 2 diabetes and hypertension.**

**Presents with headache and difficulty with his speech.**

**Examination**

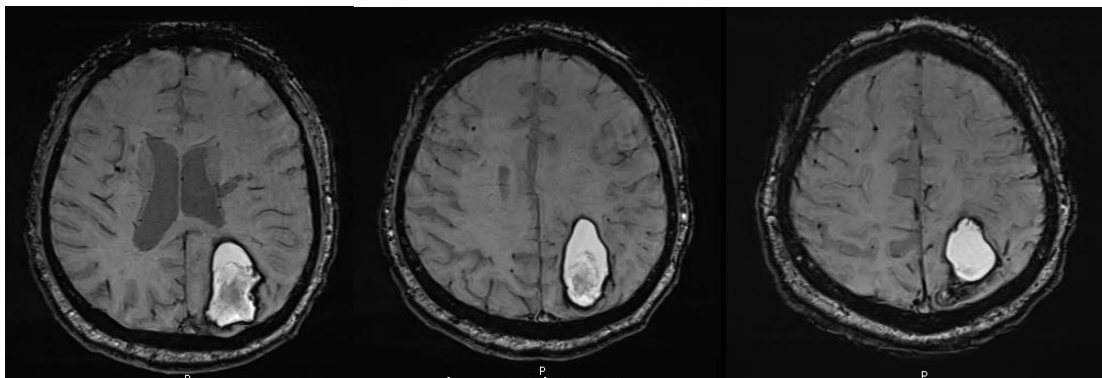
**BP 130/90, HR 90, Afebrile. Alert and oriented.**

**Examination demonstrates right homonymous hemianopia and subtle dysphasia. NIHSS 3.**

**Initial CT head scan**



Interval MRI Brain scan performed 2 months later.



MRI Brain (susceptibility weighted imaging)

Stable left parietal intraparenchymal haemorrhage. Peripherally distributed microhaemorrhages within the supratentorial white matter are suspicious for cerebral amyloid angiopathy.

**Case 3.**

**24 year old right handed female presents to emergency department as acute stroke call.**

**According to partner she fell over preceding evening, not clear if she hit her head at this time, woke during the night and vomited and at this point told partner she had a headache. Since waking this morning has developed right sided weakness and can no longer talk.**

**Examination**

**BP 140/80, Temp 37.5, HR 80**

**Dense right hemiparesis (face arm and leg) with expressive dysphasia, dysarthria and sensory loss.**

**Initial CT head scan**

