Despite a decline in mortality and improved acute care, stroke continues to be the leading cause of long-term disability. WHO estimates 86% of stroke deaths worldwide occurred in developing countries in 2001, with 350,000 new cases in Pakistan annually. While spontaneous intracerebral hemorrhage (ICH) accounts for 10-15% of all strokes worldwide, higher percentages (22-31%) have been reported in Pakistan, presumably reflecting increased prevalence and poor hypertension control in this region.

ICH is a devastating illness for which preliminary data from surgical trials indicate that surgery may be helpful. Several trials have compared early surgical hematoma evacuation with initial conservative treatment in ICH patients, but have failed to show significant differences in outcomes. The STICH-II (International Surgical Trial in Intracerebral Haemorrhage), MISTIE (Minimally Invasive Surgery Thrombolysis Plus rtPA for ICH Evacuation), and ICES (Intraoperative Computed Tomography-guided Endoscopic Surgery) trials are attempted to determine the potential for surgical efficacy for limited craniotomy and image-guided minimally invasive surgical removal, using thrombolysis or endoscopic evacuation. However, in the absence of clear guidelines and conclusive results, the decision rests on the physician's expertise and understanding of individual clinical prognostication, institutional practices and patient preferences.

Stroke is a complex disease, the rehabilitation of which requires considerable collaborative work by an interdisciplinary team with a holistic, comprehensive, and interactive approach. Strong evidence suggests that organized multidisciplinary stroke care will not only reduce mortality rates and the likelihood of institutional care and long-term disability but also may enhance recovery and increase independence. There remains an unmet need to address and educate healthcare providers of the neuroplasticity potential, and thus recovery in the later and more chronic phases of stroke care. This has left stroke survivors to cope with significant physical, cognitive, and emotional disability, by themselves and unable to integrate back into functioning society.

Of the 23 rehabilitation centers in Pakistan, a majority are concentrated in armed forces hospitals catering to veterans of war and to victims of natural disasters. While physiotherapy departments are established in nearly all the major hospitals of the country, they are managed mostly by orthopedic surgeons, rheumatologists, or physical therapists. Independent nurses and therapists may be easily available in an urban metropolitan city such as Karachi, but provide their services at a hefty price.

In Pakistan, where incidence is on the rise, several campaigns have addressed the need for preventative measures, and have raised awareness of the importance of timely treatment for stroke. However, the significant need of rehabilitation to integrate large numbers of stroke survivors into functioning society remains largely underrated and tremendously unmet.

REFERENCES

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