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CARDIOVASCULAR RISK FACTORS FOUND IN STROKE PATIENTS
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Introduction: Stroke is the second worldwide most common cause of death and major cause of disability. Over the last decades modifiable and non-modifiable risk factors have been identified with more accuracy. Early identification and treatment of modifiable risk factors can reduce the risk of stroke. In stroke patients, the identification of these variables is also important to preventing another stroke.

Objective: To assess the prevalence of cardiovascular risk factors in stroke patients.

Methods: The data were collected through electronic health records of all patients with stroke admitted to an emergency department during three years (2010, 2011 and 2012). Research protocol has been approved by an ethics committee.

Results: Were analyzed the electronic health records of 346 patients with ischemic stroke (78.6±9.9 years) and 96 with intracerebral hemorrhage (76.5±11.9 years). In ischemic stroke the most common risk factors were hypertension (68.2%), diabetes mellitus (27.5%), hypercholesterolemia (25.0%), atrial fibrillation (24.3%) and smoking (5.5%). We also found that 12.7% of the patients were obese. In hemorrhagic stroke the most prevalent risk factors were hypertension (53.1%), dyslipidemia (25.7%), atrial fibrillation (24.3%), obesity (18%) and smoking (7.3%).

Conclusions: Hypertension was more prevalent in ischemic stroke and is associated with type of stroke ($x^2=7.508$, df=1, p=0.005). Atrial fibrillation also prevailed in thromboembolic events with statistical significance (p=0.043). Only 16% of patients with ischemic stroke did not have any cardiovascular risk factor.

Descriptors: Prevalence; risk factors; ischemic stroke; hemorrhagic stroke.

BILATERAL COCHLEAR IMPLANTATION IN A PATIENT WITH BILATERAL TEMPORAL BONE FRACTURE
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Introduction: Bilateral severe to profound sensorineural hearing loss resulting from traumatic brain injury can be treated effectively by placing cochlear implant bilateral (JH Chung et al, 2011; Vermeire K et al, 2012; Gediz MS et al 2010). In such circumstances, there are benefits of bilateral cochlear implantation compared to unilateral cochlear implantation, as documented in the literature (Nopp P et al, 2004; Litovsky R et al, 2006).

Methods: Case report of a female patient, 32 years old, victim of trampling in public way by a high velocity motorized vehicle, suffered traumatic brain injury, bilateral transverse temporal bone fracture and consequent profound bilateral sensorineural deafness. Underwent simultaneous bilateral cochlear implantation, in 6 months thereafter. Started hearing rehabilitation program in speech therapy once a week, a month after the activation of the speech processor. In audiological and speech therapy evaluation, at 4 weeks of hearing rehabilitation, the patient showed an audiometric and speech perception/discrimination performance in tasks speakerphone and the phone, very favorable.

Conclusions: It was a clinical case of bilateral deafness, post traumatic brain injury successfully treated using bilateral cochlear implantation.

Descriptors: Traumatic brain injury; bilateral cochlear implant; hearing rehabilitation.