

targeted communication. Nigeria must close the gap to ensure operational access and a fully integrated system [1–4].

Conclusions. Effective prevention and health literacy are attainable without large financial investments or systematic centralization. Belarus and Nigeria offer examples of how health system structures and socio-cultural engagements can be harnessed, respectively. The core of the matter is health-literate populations. There are no alternative routes [1–4].

The way forward is health literacy and context-specific plans. Nigeria needs to use local culture to communicate health messages, including collaboration with traditional and faith leaders. Belarus needs to address modern patient-centered NCDs management from within the established system [2-3, 5]. In the end, health literacy – accessible, easy to understand, and adapted to local context – is a basic social investment that is needed to ensure global health security and equity [1, 4].

LITERATURE

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CRYPTOGENIC ISCHEMIC STROKE IN A 23-YEAR-OLD PATIENT

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Relevance. The incidence of ischemic stroke among younger adults is showing a concerning upward trend [1]. A significant clinical challenge in this demographic is the proportion of cases classified as cryptogenic, where no traditional etiology is identified, complicating both diagnosis and management. The presented case exemplifies this scenario, involving a patient devoid of conventional vascular risk factors or significant comorbidities.

Target. This report describes a clinically significant case of cryptogenic ischemic stroke in a 23-year-old male.

Research methods. 23 year old male patient presents with the following complaints – vertigo, gait unsteadiness, postural instability, dysarthria, nausea and vomiting. Complaints appeared in the morning of 08.11.25 after waking up.

Objective Examination – Condition satisfactory. Normosthenic body habitus. Afebrile (36.6°C). No abnormalities of the skin, or peripheral lymph nodes. Vital Signs: Pulse: 70 beats per minute, regular. Blood Pressure: 125/75 mmHg. Respiratory Rate: 17 breaths per minute. Oxygen Saturation (SpO₂): 98%. Neurological examination: Patient alert and oriented (GCS 15). Pupils equal and reactive, tongue midline, facial sensation intact. No evidence of motor weakness, pathological reflexes, or sensory deficit to suggest evolving central or peripheral nervous system pathology. Muscle tone and bulk are physiological. While cerebellar testing reveals ataxia of the right arm, the patient maintains stability in the Romberg position. No signs of radiculopathy or myelopathy. Spinal curvature is physiological, palpation is non-tender, and nerve tension signs are negative. Absence of meningeal signs or pathological reflexes.

Diagnostic test data:

ANA Screen (IgG, A, M): 7.02 U/mL (ref. 0 – 40 U/mL).

Hemostasiogram: D-dimer (SYSMEX): 3.11 mg FEU/L.

Biochemical Test: no deviations from reference values.

Complete Blood Count (CBC): no deviations from reference values.

Echocardiography, ultrasound of the brachiocephalic arteries – without pathology.

MRI of the brain: Multiple acute infarcts in the right cerebellar hemisphere, involving the middle cerebellar peduncle, anterior lobe, and dentate nucleus. The largest focus measures approximately 21 x 18 x 13 mm, with several smaller satellite lesions (2-6 mm). Associated cytotoxic edema is present, causing mild effacement of the right lateral contour of the 4th ventricle. The imaging findings are characteristic of an acute ischemic stroke in the vascular territory of the right Superior Cerebellar Artery and/or Anterior Inferior Cerebellar Artery.

Results and their discussion. The incidence of ischemic stroke among younger people is showing a concerning upward trend. A significant clinical challenge in this demographic is the proportion of cases classified as cryptogenic, where no traditional etiology is identified.

Conclusions. The case of this young man with a cryptogenic cerebellar infarction powerfully illustrates the diagnostic odyssey often faced in young adult stroke. It reinforces the necessity of a systematic, persistent approach to uncover potentially treatable causes. By doing so, we can move from empiric therapy to targeted secondary prevention, ultimately aiming to improve prognosis and quality of life for these patients.

LITERATURE

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