A 38-year-old male brought to casualty after being struck by lightning. He was treated in our hospital for 12 days, later he complained sudden onset weakness of left upper limb and lower limb, deviation of angle of mouth to right side and slurring of speech. Non-diabetic & non-hypertensive. On examination, he had left hemiplegia with left upper motor neuron type of facial palsy. He was investigated as stroke in young. Routine investigations are with in normal limits. Fasting lipid profile was normal. viral markers, ANA & Vasculitis profile was negative. 2D Echocardiography and carotid doppler are normal. Computed Tomography (CT) of the brain shows acute infarct in right capsuloganglionic region. CT angiography of brain was normal. Magnetic resonance imaging (MRI) shows acute infarcts in bilateral capsuloganglionic regions. He was started on antiplatelets, neuroprotectives and advised physiotherapy. His power recovered from 4-/5 to 4+/5 and is on followup.

**DISCUSSION AND CONCLUSION**

Presented here in view of its rarity and to ascertain multiple ill effects of Lightning strike. After excluding other causes of stroke in young and reviewing literature regarding lightning strikes and its neurological consequences, stroke can be attributed secondary to lightning. several mechanisms alleged to explain this phenomenon like direct electrolytic charge passing through the brain, heating effect of electric current, mechanical trauma of lightning strikes.

Though rare, delayed neurological sequela like cerebellar syndromes, varied Neuropsychiatric manifestations, infarctions,neuropathy, Motor Neuron Disease are observed and should be kept in mind while dealing with lightning strikes and patient should be closely followed up to fore see the complications.

**REFERENCES:**

1. Adams and Victor principles of neurology 10th edition , pg 1248
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