Introducction
Approximately one-third of stroke survivors develop poststroke depression. Post-stroke mania is relatively rare, with a prevalence less than 2%. In 2015, a case review report on late-onset mania demonstrated established vascular risk factors in 51% of patients. In 28% of cases, the treatment of underlying organic cause contributed to successful remission of the manic episode.

Objectives
This literature review aim to compile published case reports from the past 20 years to review late-onset mania as one of the neuropsychiatric sequelae of stroke and its management.

Methods
Methodology involved literature search on PubMed, PsychInfo, and Embase utilizing the following keyword combinations: Bipolar, Manic, Mania, Secondary, Stroke, Poststroke, Post-stroke, Elderly, Old, Late onset, Late-onset, Hemispheric, Brain, Vascular, Infarction.

Results
Based on literature review which include 17 case reports, the age of onset range from 47 to 86 years, with a mean of 67 years of age.

Conclusions
Differentiating secondary mania from bipolar disorder can be challenging. Clinicians should consider mania secondary to an organic cause in patients presenting with focal or soft neurological signs and/or symptoms, atypical symptoms such as visual or olfactory hallucinations, altered mental status, disorientation, cognitive impairment, unusual age of onset or illness course, or poor psychopharmacologic treatment response.

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