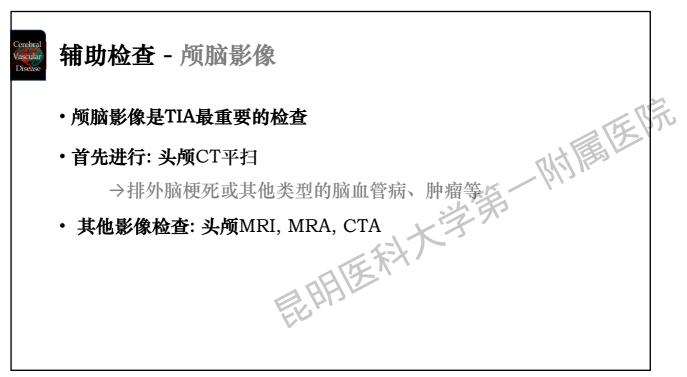


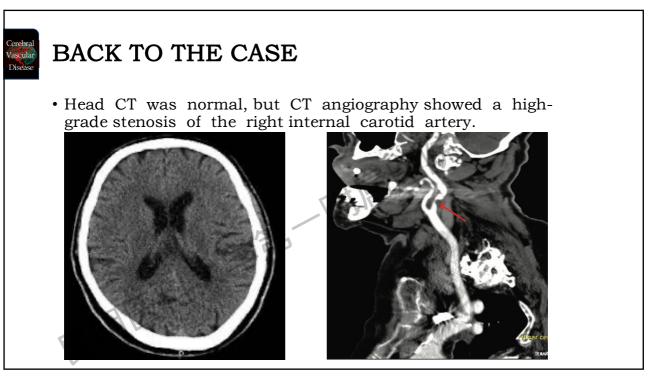


辅助检查 - 心脏检查 Blood pressure, pulse rate, and oxygen saturation should be obtained An ECG should be performed to evaluate for atrial fibrillation Many patients will also require an echocardiogram and some form of extended cardiac monitoring if no definitive

cause is found for the TIA

辅助检查 - 血液检查 • 血细胞分析: Complete blood count to measure total hemoglobin and screen for anemia or erythrocytosis as a cause of TIA Platelet count is relevant as thrombocytosis is a potential cause of TIA • 凝血及纤溶系统: disorders of coagulation can present as a TIA. A thrombophilia screen, is also advised • 血糖: as hypoglycemia and hyperglycemia are important potential mimics of a TIA. Hypoglycemia, in particular, needs to be recognized and treated quickly





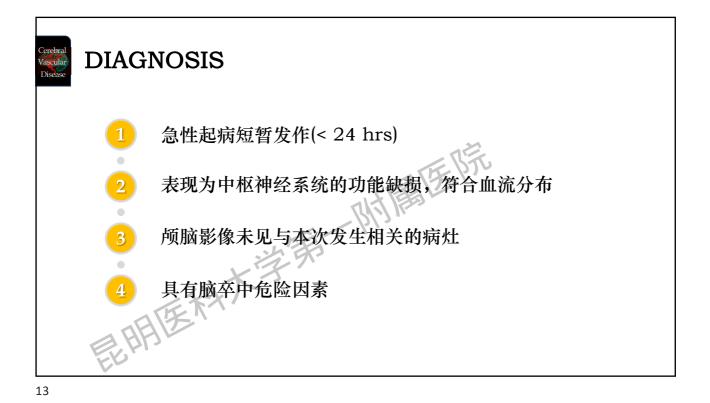
11

BACK TO THE CASE

- A 50-year-old man presented to the emergency department with an episode of left hemiplegia that lasted 5 minutes
- He smoked cigarettes but otherwise had no significant past medical history
- His physical examination of nervous system was normal, with blood pressure of 125/75 mm Hg and an ABCD² score of 2
- Head CT was normal, but CT angiography showed a high-grade stenosis of the right internal carotid artery.

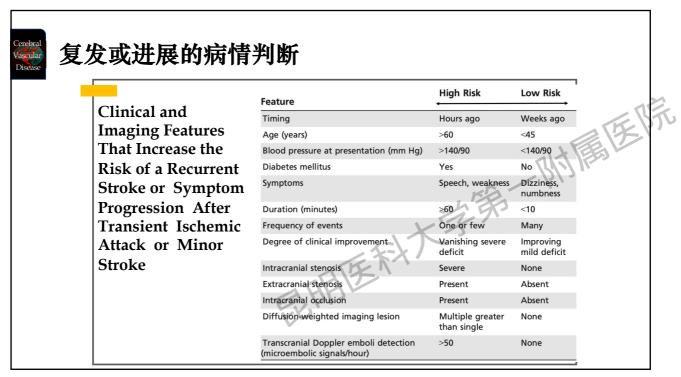


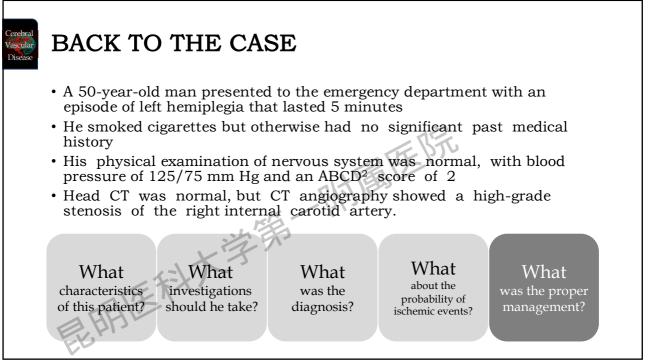
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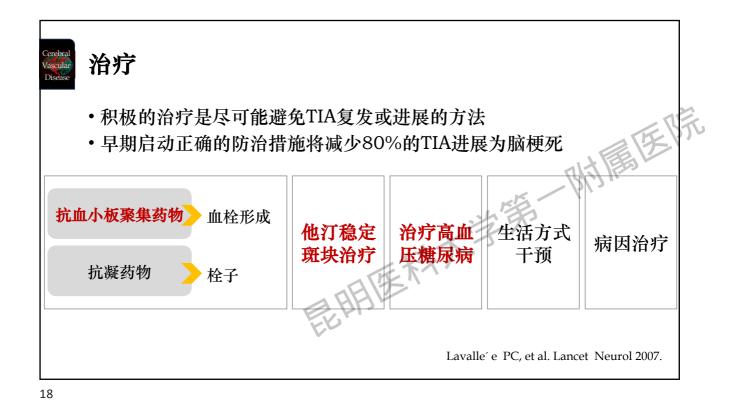


BACK TO THE CASE 医际 • A 50-year-old man presented to the emergency department with an episode of left hemiplegia that lasted 5 minutes · He smoked cigarettes but otherwise had no significant past medical history • His physical examination of nervous system was normal, with blood pressure of 125/75 mm Hg and an ABCD² score of 2 • Head CT was normal, but CT angiography showed a high-grade stenosis of the right internal carotid artery. What What What What What about the characteristics investigations was the was the proper probability of should he take? of this patient? diagnosis? management? ischemic events?

白石も子子	1 <u>44 v</u> e				
复发或进展	きわり	丙悄判断			
利用收亡性尔	エ 6 6 <i>月 月</i> /	5 今 河 八 卅 仁	有央武洪国	昆的团体种	本山承亡
・利用临床特征	正的不	了 伊尔进门	复及以进展	丧的风险性 ;	州四川
	Score	Factor Assessed at Time of TIA			
ABCD2 Score And Prognosis After TIA	1	<u>A</u> ge ≥60 years	ABCD2 Score		2-Day Risk of
	1	>140/90 mm Ha on		ABCD2 Score	Stroke (%)
			And	0 to 1	0
	2	Clinical symptoms of focal weakness with Ris	Risk	2 to 3	1.3
			of	4 to 5	4.1
		(or)			
	1	Speech impairment	Stroke	6 to 7	8.1
	1		without weakness Reprinted with permission from Johnston		
	2	Duration ≥60 minutes Rothwell PM, Nguyen-Huynh MN, et al. Validat and refinement of scores to predict very early str			
		(or)		risk after transient ischa	aemic attack. Lancet 2007;
	1	10 to 59 minutes		369(9558):283–292. Copyright © 2007, with permission from Elsevier.	
		Diabetes			







BACK TO THE CASE

- A 50-year-old man presented to the emergency department with an episode of left hemiplegia that lasted 5 minutes.
- He smoked cigarettes but otherwise had no significant past medical history. His examination was normal, with blood pressure of 125/75 mm Hg and an ABCD² score of 2.
- Head CT was normal, but CT angiography showed a high-grade stenosis of the right internal carotid artery.
- He was started on 81 mg aspirin and 40 mg of simvastatin daily. The patient underwent right carotid endarterectomy the next day without complication.

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COMMENT

- This patient had a transient ischemic attack and was at high risk of early recurrent stroke, although it was not identified as such by the ABCD² score
- Carotid artery stenosis is an important cause of a transient ischemic attack with a high risk of recurrence
- Early vascular imaging is required to identify this treatable cause of stroke
- Carotid revascularization should be performed as soon as reasonably possible if the patient is medically stable

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医际

