

“Els subtipus d’ictus”

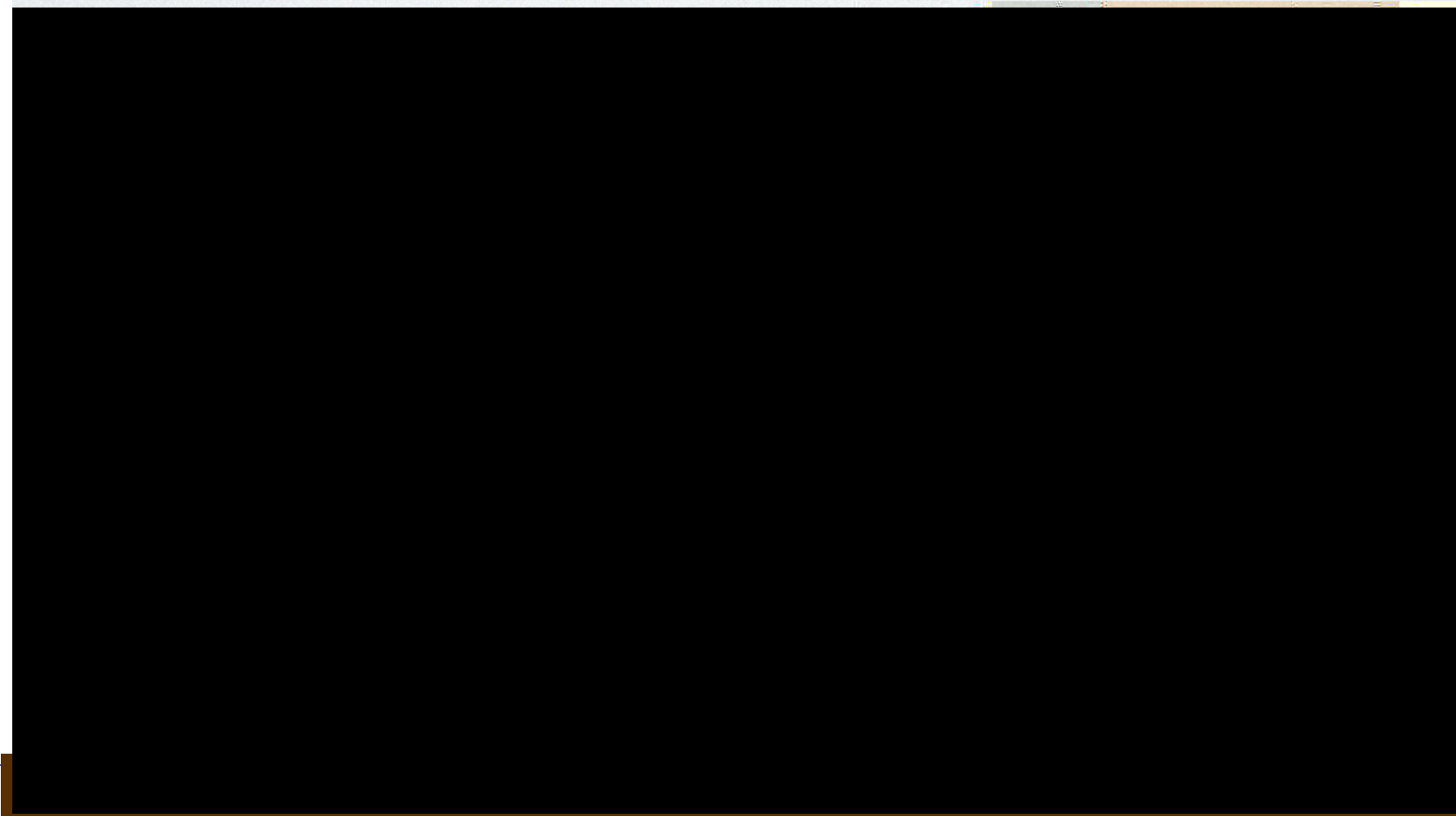
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III Jornada d’atenció compartida en neurologia

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Original Paper



Different vascular risk factor profiles in ischemic stroke subtypes: a study from the “Sagrati Cor Hospital of Barcelona Stroke Registry”

Arboix A, Morcillo C, García-Eroles L, Oliveres M, Massons J, Targa C. Different vascular risk factor profiles in ischemic stroke subtypes: a study from the “Sagrati Cor Hospital of Barcelona Stroke Registry”. *Acta Neurol Scand* 2000; 102: 264–270. © Munksgaard 2000.

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GUIES MÈDIQUES DE LA SOCIETAT CATALANA DE NEUROLOGIA

2a edició



Societat Catalana
de Neurologia

04

Protocol de tractament

Diagnòstic i tractament de les malalties vasculars cerebrals

GUIES MÈDIQUES DE LA SOCIETAT CATALANA DE NEUROLOGIA

- QUINA ES LA POBLACIO D'ESTUDI
 - INCIDENCIA
 - DADES DEMOGRAFIQUES
 - FACTORS DE RISC
 - ENTITATS NOSOLÒGIQUES

Tabla 1. Distribución por sexo y entidad diagnóstica en los **1126** pacientes ingresados consecutivamente entre *1998-2002* en el **Hospital Sagrat Cor de**

	Infartos	Barcelona Hemorragias	AIT	Total
Hombres	380 (68,5%)	58 (10,5%)	117 (21,1%)	555
Mujeres	408 (71,5%)	50 (8,8%)	113 (19,8%)	571
Total	788 (70,0%)	108 (9,6%)	230 (20,4%)	1126

EDAD MEDIA

- EDAD MEDIA: **77 años** (DE=9.9)
- EDAD media HOMBRES: **75.7 años**
(DE=9.9)
- EDAD media MUJERES: **79.4 años** (DE=10)

ICTUS INCIDENTES y RECURRENTE

	Incidentes	Recurrentes	Total
Hombres	386 (69,5%)	169 (30,5%)	555
Mujeres	456 (79,9%)	115 (20,1%)	571
Total	842 (74,8%)	284 (25,2%)	1126

Tabla 2. Distribución por grupo de edad y sexo en los **1126** pacientes ingresados entre *1998- 2002* en el **Hospital del Sagrat Cor de Barcelona**

	25-34 a.	35-44 a.	45-54 a.	55-64 a.	65-74 a.	75-84 a.	>84 a.
Hombre	1 (0,2%)	1 (0,2%)	15 (2,7%)	46 (8,3%)	168 (30,3%)	222 (40,0%)	102 (18,4%)
Mujeres	3 (0,5%)	1 (0,2%)	12 (2,1%)	27 (4,7%)	104 (18,2%)	230 (40,3%)	194 (34,0%)
Total	4 (0,4%)	2 (0,2%)	27 (2,4%)	73 (6,5%)	272 (24,2%)	452 (40,1%)	296 (26,3%)

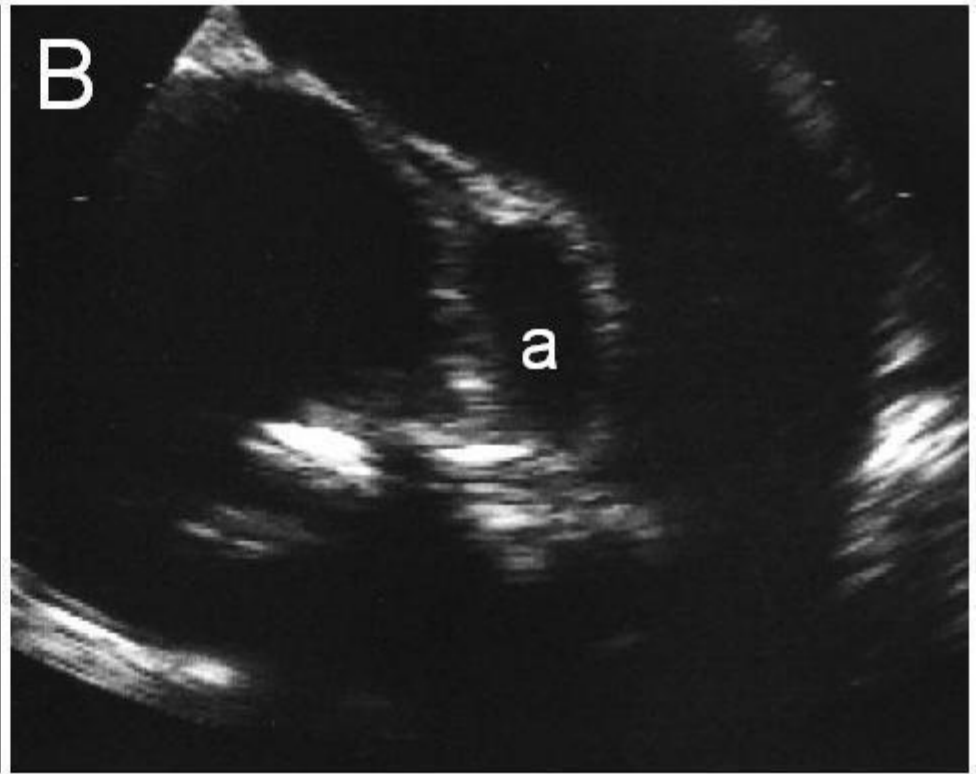
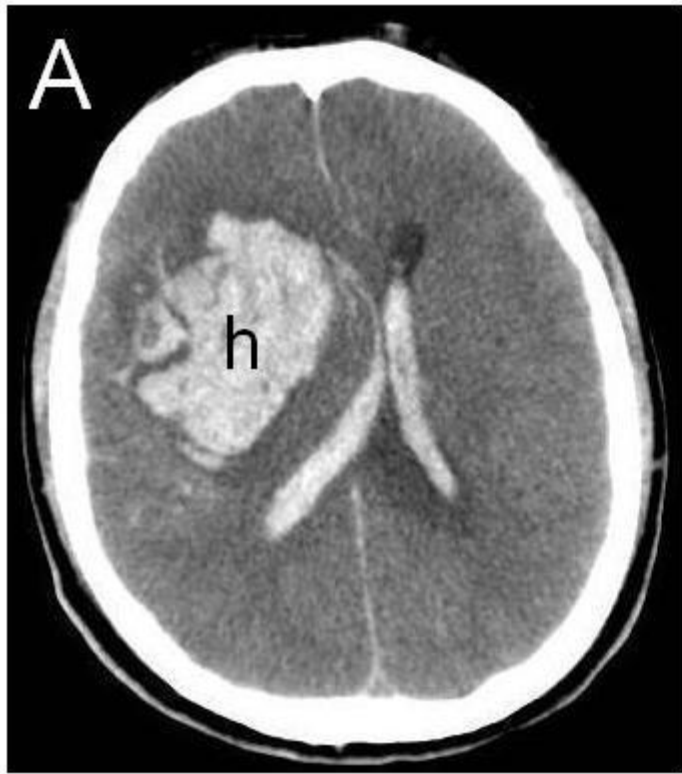
FACTORES de RIESGO

- HIPERTENSIÓN ARTERIAL: 59.1%
- FIBRILACIÓN AURICULAR: 29.3%
- DIABETES MELLITUS: 24.5%
- DISLIPEMIA: 20.8%
- CARDIOPATIA ISQUÉMICA: 17.4%

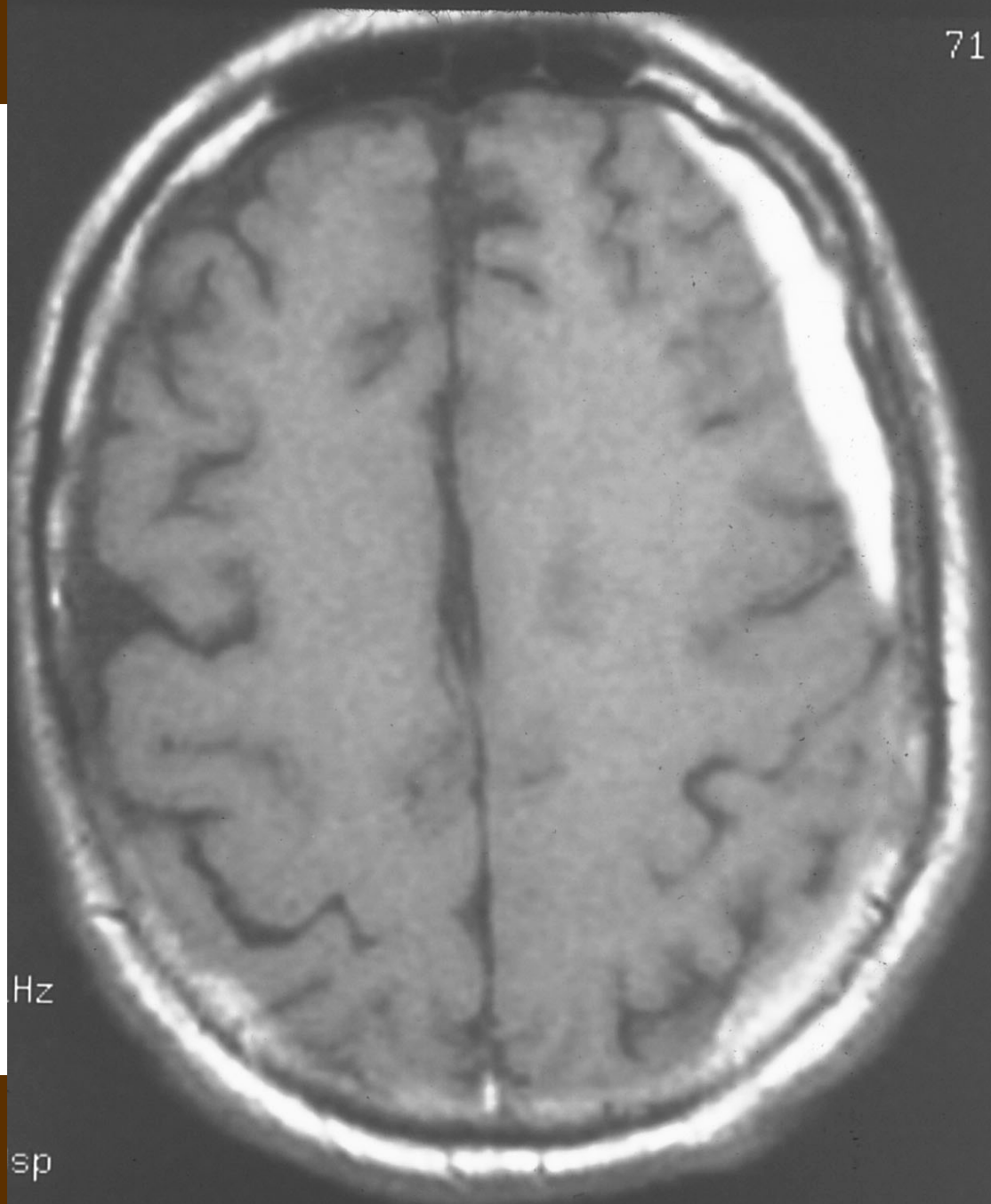
Table 1. Types of stroke: BSR

Type of Stroke	n	%
Cerebral infarct	2,894	81
Atherothrombotic	1,410	39.5
Cardioembolic	623	17.5
Lacunar	399	11
Unusual	174	5
Unknown	288	8
Cerebral hemorrhage	683	19
Total	3,577	100

Marti-Vilalta JL, Arboix A. Eur Neurol 1999; 41: 135-142



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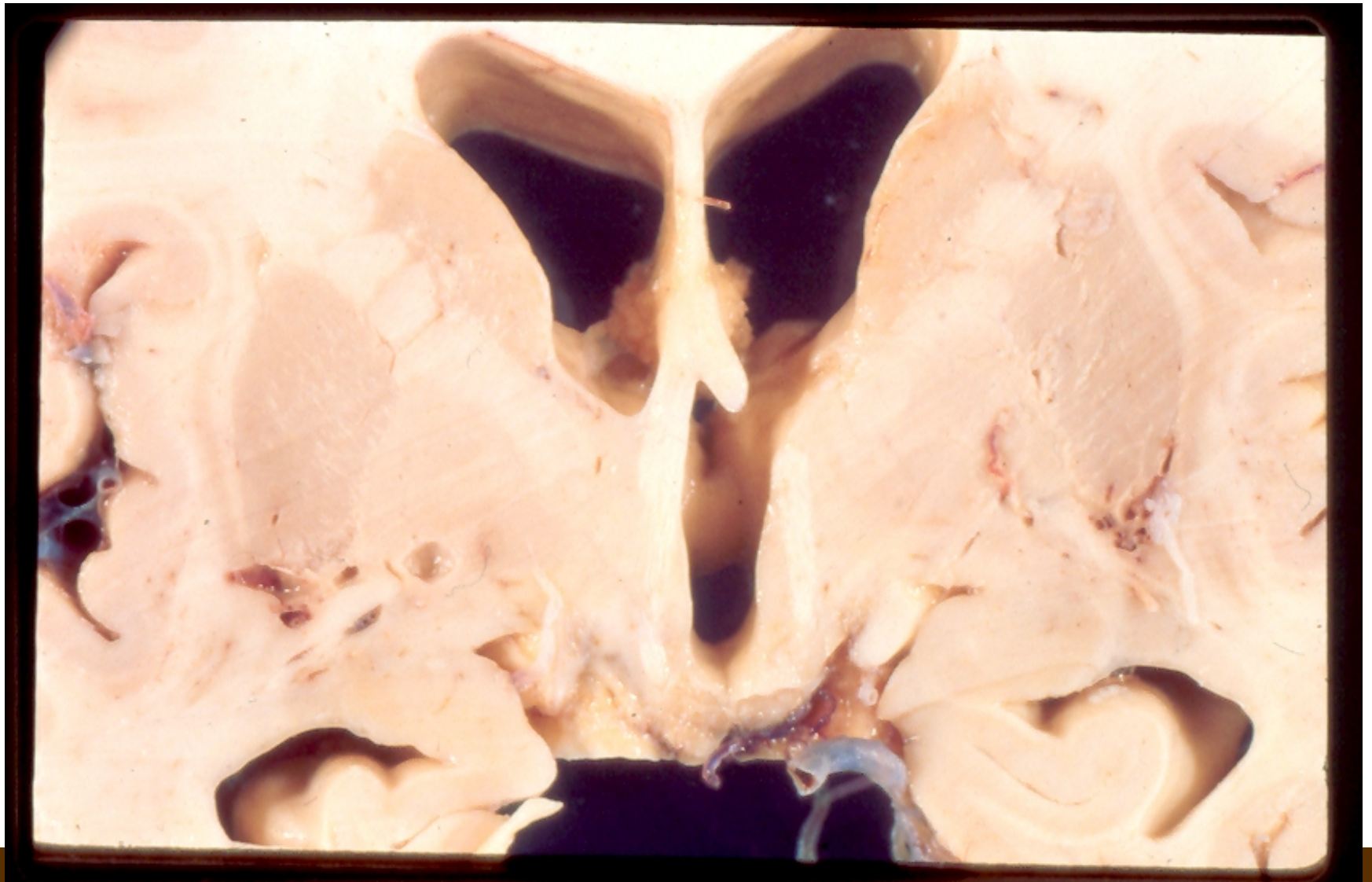
- SUBTIPUS D'INFART CEREBRAL
 - LLACUNARS (malaltia de *petit vas*)
 - TROMBÒTICS (malaltia de *gran vas*)
 - CARDIOEMBÒLICS (*embolisme*)
 - CAUSA ESSENCIAL
 - CAUSA INHABITUAL

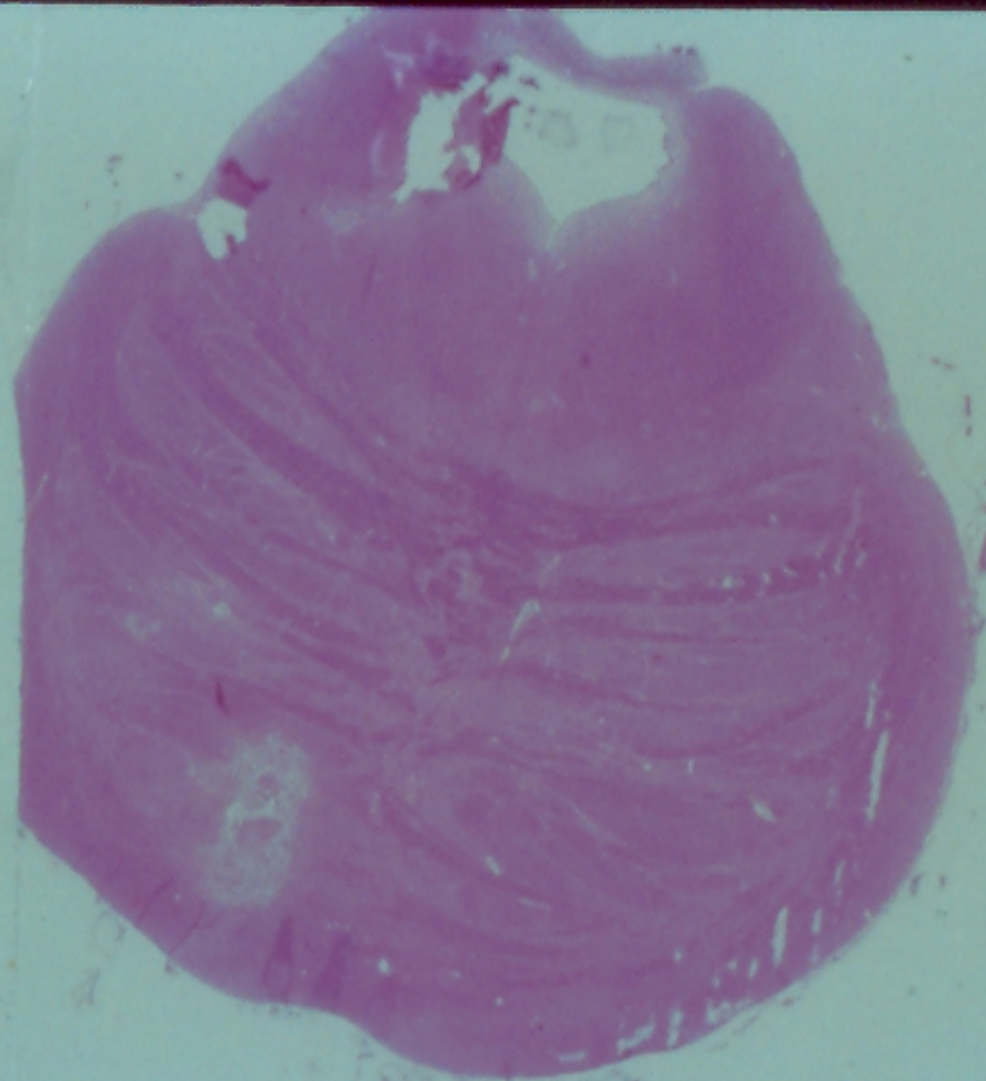
Original Contributions

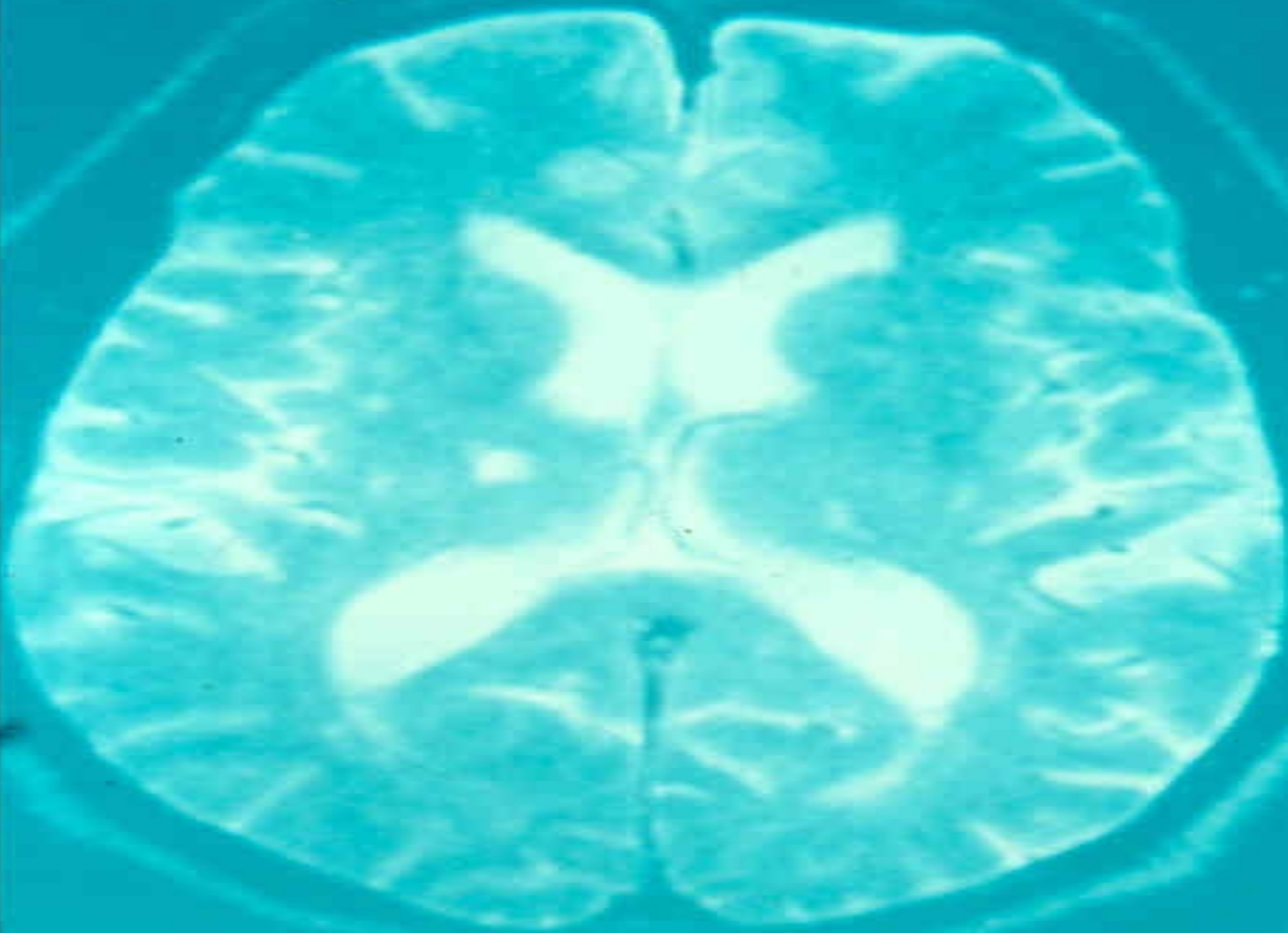
Clinical Study of 227 Patients With Lacunar Infarcts

A. Arboix, MD, J.L. Martí-Vilalta, MD, and J.H. García, MD

We describe an analysis of 227 patients with lacunar infarcts; 177 were inpatients and the remaining 50 were outpatients. The group comprised 11% of all inpatients with cerebrovascular pathology and 16% of all consecutive inpatients with brain infarcts studied at the Department of Neurology of the Hospital de la Santa Creu i Sant Pau. The main risk factors identified in these patients were arterial hypertension in 164 (72%), diabetes mellitus in 64 (28%), and heart disease in 58 (26%). The most common clinical syndromes were pure motor hemiparesis in 125 (55%), pure hemisensory stroke in 42 (18%), the sensorimotor deficit syndrome in 34 (15%), ataxic hemiparesis in seven (3%), and the dysarthria-clumsy hand syndrome in four (2%); atypical syndromes were observed in 15 patients (7%). Lacunes were demonstrated by computed tomography in 100 patients (44%) and by magnetic resonance imaging in 35 (78%) of the 45 patients in which it was applied. Magnetic resonance imaging was significantly better ($p < 0.001$) than computed tomography for imaging lacunes, especially those located in either the pons ($p < 0.005$) or the internal capsule ($p < 0.001$). After the acute phase, mild or no neurologic disability was detected in 178 patients (78.4%), moderate disability persisted in 48 patients (21.1%), and severe disability was recorded in one case (0.4%). Lacunar infarcts are a clearly defined entity with characteristic clinical features and an excellent short-term prognosis. Magnetic resonance imaging is the current method of choice for demonstrating these small brain lesions. (*Stroke* 1990;21:842-847)







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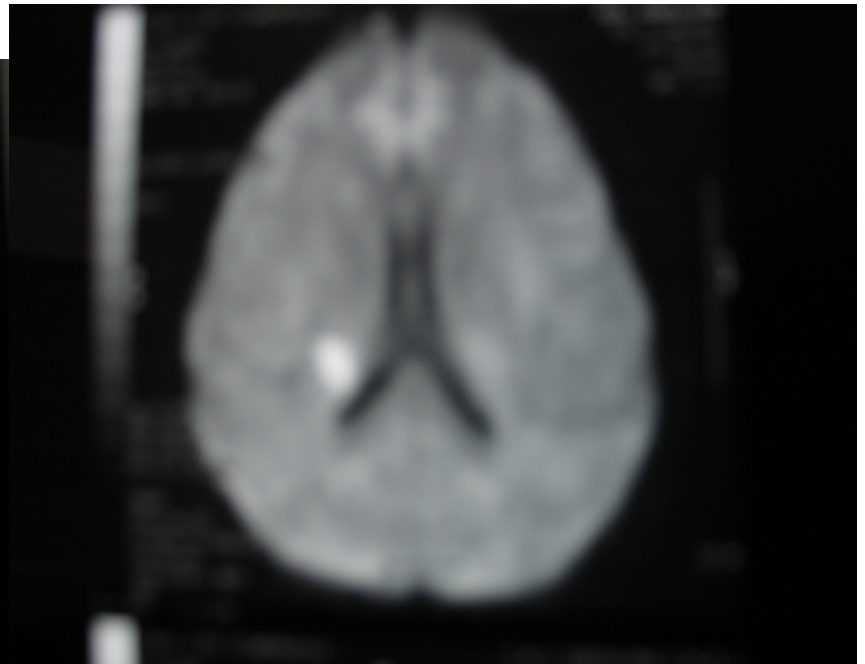
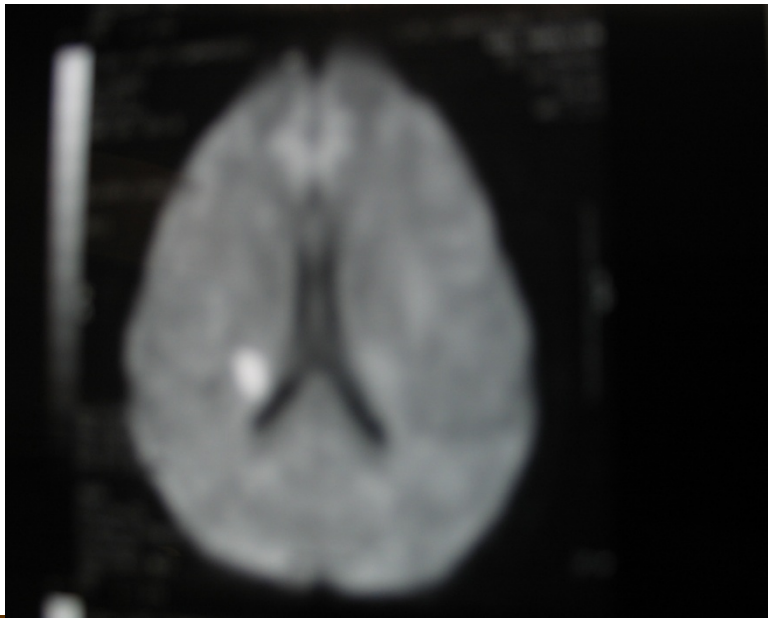
E LITE SALS
JMP PAPER
AND



C

TOPOGRAFIAS LESIONALES

IL en la corona radiata-capsula interna



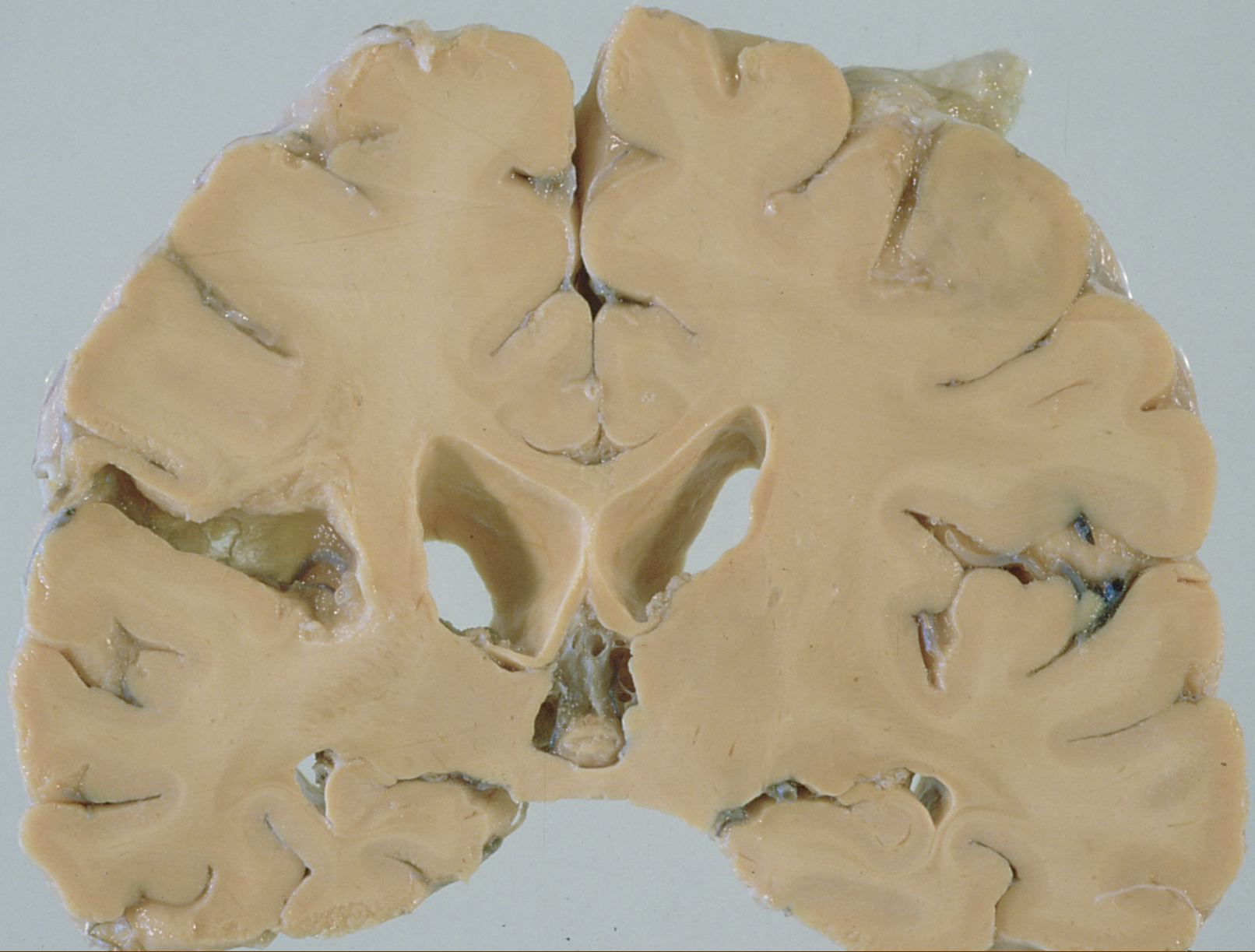
Análisis multivariante

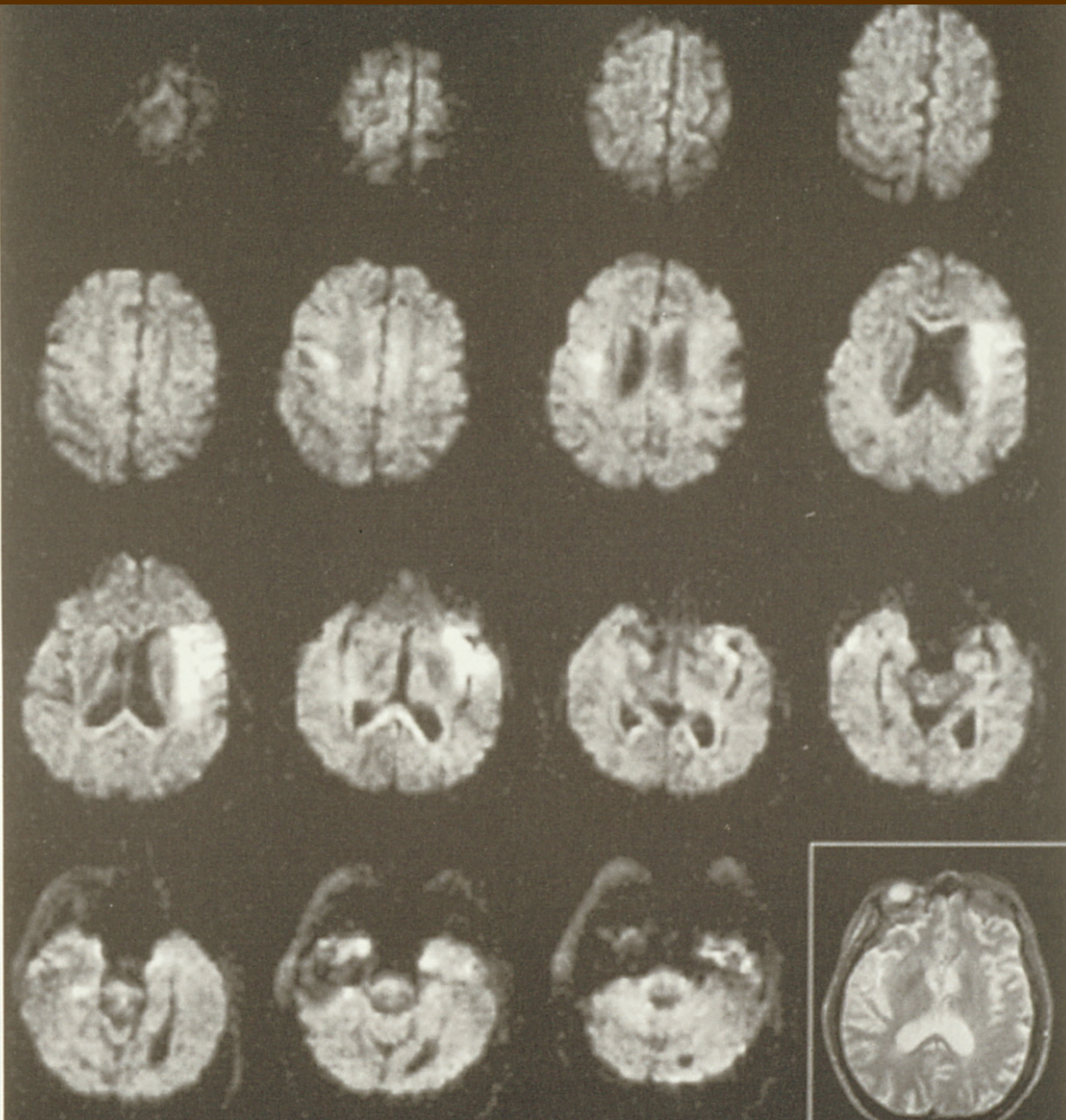
(Resumen de las variables relacionadas con la HMP a partir de 4 modelos de RLM)

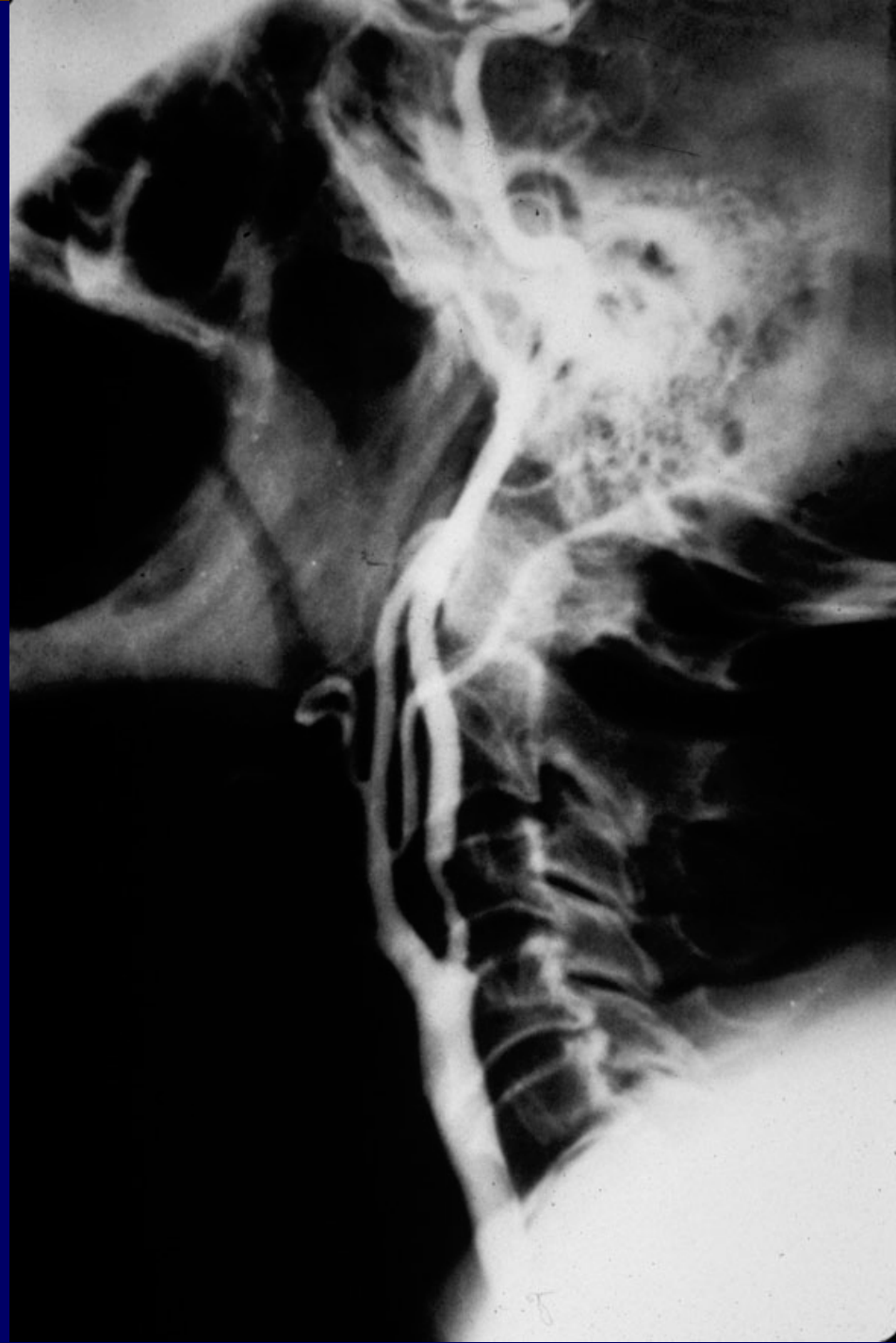
- Hipertension, OR=3.30 (2.39-4.55)
- Obesidad, OR=2.24 (1.17-4.27)
- Diabetes, OR=1.60 (1.13-2.28)
- Dislipemia, OR=1.51 (1.02-2.23)

- Inicio agudo (horas), OR=1.55 (1.11-2.17)
- Cápsula Interna, OR=14.17 (8.86-22.68)
- Protuberancia, OR=1.55 (0.82-2.90)

Arboix et al. J Neurol Neurosurg Psychiatry 2001; 71: 239-242

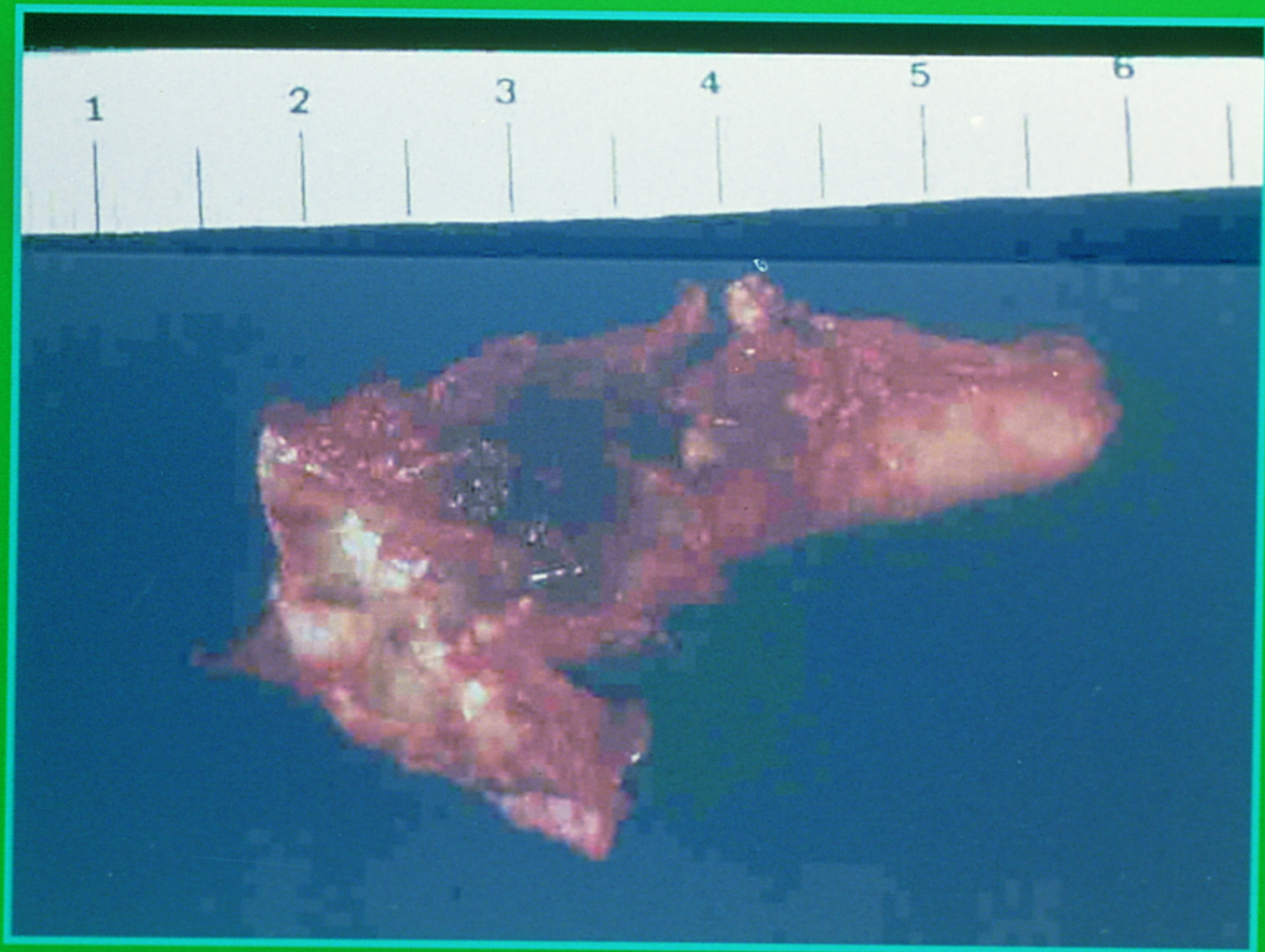




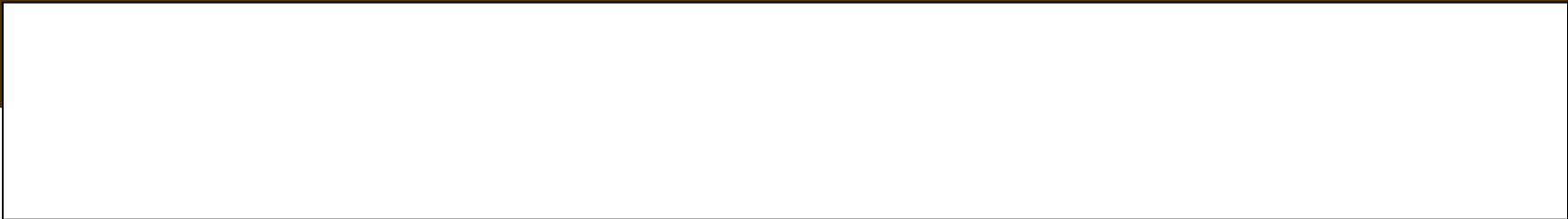


INFARTS CEREBRALS ATEROTROMBÒTICS

- **Endarterectomia:** dèficit residual mínim i estenosi de l'artèria caròtida interna extracranial homolateral a l'infart entre el 70-99%.
- Tractament **antiagregant plaquetar** amb àcid acetilsalicílic o clopidogrel.



Pieza de resección quirúrgica. Placa ulcerada con hemorragia intraplaca



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Fecha sec.: 2004/07/08
Hora de secuencia: 11:16:10
Tamaño del cubo: 104.26 mm



Rot: 0
Ang: 0
Lado cabez: Secuencia: 7
Fecha sec.: 2004/07/08
Hora de secuencia: 11:16:10
Tamaño del cubo: 104.26 mm

Rot: -88
Ang: 18
Lado cabez:

Tractament antiagregant plaquetari

- “**Combined aspirin and dipyridamole, or clopidogrel alone**, should be given. Alternatively, **aspirine alone or triflusal alone**, may be used” (*Class I, Level A*)

Cerebrovasc Dis 2008; 25: 457-507

- *“Tanto la aspirina como el clopidogrel, como el triflusal y como la asociación AAS-dipiridamol son efectivos para la prevención secundaria del ictus isquémico no cardioembólico”*

GEEVC de la SEN, 2009

- Es recomana tractament amb estatines en pacients amb ictus no cardioembòlic (estudis classe I, recomanació nivell A).
- Es recomana que els pacients rebin tractament antitrombòtic (estudis classe I, recomanació nivell A).

(Guies Oficials de la Societat Catalana de Neurologia, 2^a ed, 2011)

Tractament antiagregant plaquetari (II)

- The combination of **aspirine and clopidogrel** is not recommended in patients with recent ischaemic stroke, except in patients with specific conditions (e.g. unstable angina or non-Q-wave MI, or recent stenting); treatment should be given for up 9 months after the event (Class I; Level A)

Cerebrovasc Dis 2008; 25: 457-507

SPS3

(Secondary Prevention of Small Subcortical Strokes)

- Ensayo clínico, randomizado, multicéntrico, coordinado *Dr. Benavente* (San Antonio, EEUU).
- Fase III
- Objetivos: recurrencia, deterioro cognitivo y eventos vasculares.
- Antiagregación (AAS vs AAS+clopidogrel)
- Control TA: usual (sistólica 130-148) vs. “intensa” (>130 mmHg).

Ischemic stroke of unusual cause: clinical features, etiology and outcome

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Keywords:

hematological disorders,
hospital-based stroke
registry, ischemic stroke,
multivariate analysis,
unusual cause

The clinical features, etiology and neurological outcome of ischemic stroke of unusual cause (ISUC) have rarely been reported. We retrospectively reviewed all patients with this stroke subtype entered in the Sagrat Cor Hospital of Barcelona Stroke Registry, which includes data from 2000 consecutive first-ever stroke patients admitted to the hospital between 1986 and 1995. Patients with previous ischemia and/or hemorrhagic stroke were excluded. Topographic, anamnestic, clinical and neuroimaging characteristics of ISUC were assessed. Predictors of this stroke subtype were determined by logistic regression analysis. Ischemic stroke of unusual etiology was diagnosed in 70 patients (32 men and 38 women), with a mean \pm SD age of 52 ± 22.4 years. This stroke subtype accounted for 4.3% of all first-ever strokes and 6% of all first-ever brain infarcts. Etiologies included hematological disorders in 17 cases, infection in 11, migraine stroke in 10, cerebral infarction secondary to venous thrombosis in nine, primary inflammatory vascular conditions in six and miscellaneous causes in 17. In the multivariate analysis after excluding cerebral venous thrombosis ($n = 9$) and arterial dissection ($n = 4$), because of typical clinical and radiological features, independent predictors of ISUC included 45 years of age or less (odds ratio [OR] 14.8), seizures (OR 6.8), headache (OR 5.2), hemianopia (OR 2.6) and occipital lobe involvement (OR 3.0). Patients with ISUC presented a lower in-hospital mortality rate (7.1% vs. 14.4%; $P < 0.05$), were more frequently symptom free at discharge (35.7% vs. 25.8%; $P < 0.05$) and experienced a longer mean length of hospital stay (23.7 days vs. 18.2 days; $P = 0.06$) than non-ISUC patients. We conclude that ISUC is infrequent, etiologies are numerous and hematologic disorders are the most frequent cause. We emphasize the better prognosis and the need to distinguish it from other ischemic stroke subtypes which have a different treatment approach and outcome.

Received 19 February 2000

Accepted 20 September 2000

Table 1 Unusual causes of stroke in 1164 cases of first-ever brain infarction included in the Sagrat Cor Hospital of Barcelona Stroke Registry

Etiology	No. of patients
Hematological disorders	17
Essential thrombocythemia	7
Polycythemia vera	2
Smoker's polycythemia	1
Acute lymphoblastic leukemia	1
Acute non-lymphoblastic leukemia	1
Waldenström's macroglobulinemia	1
IgA lambda myeloma	1
Lymphocytic lymphoma	1
Aplastic anemia	1
Primary anti-phospholipid syndrome	1
Infection	11
Syphilitic meningitis	4
Infective endocarditis	4
Meningococcal meningitis	1
Pneumococcal meningitis	1
HIV infection	1
Migraine stroke	10
Cerebral infarction secondary to venous thrombosis	9
Septic thrombophlebitis	2
Oral contraceptives	1
Behet's disease	1
Protein C deficiency	1
Breast carcinoma	1
Sympathomimetics abuse	1
Idiopathic	2
Primary inflammatory vascular disorders	6
Giant cell arteritis	4
Systemic lupus erythematosus	1
Sarcoid angiitis	1
Miscellaneous	17
Arterial dissection	4
Marasmic endocarditis	2
Tumoral arterial cerebral compression	2
Embolization from arterial aneurysm	2
Perioperative stroke	2
MELAS	1
Pentosan polysulphate-induced thrombocytopenia with thrombosis	1
Moya Moya disease	1
Cocaine abuse	1
Homocystinuria	1
Total	70