New Advances in the diagnosis and Management of Cardioembolic Stroke

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摘要

Abstract

Cardioembolic stroke accounts for one-fifth of ischemic stroke and is severe and prone to early recurrence.

Magnetic resonance imaging, transcranial Doppler, echocardiography, 24-hour electrocardiographic monitoring

and electrophysiological study are tools for detecting cardioembolic sources. Non-valvular atrial fibrillation (AF) is

the most common cause of cardioembolic stroke and long-term anticoagulation is proved to prevent stroke. Despite

knowledge of guidelines, doctors recommend anticoagulant for less than half of patients with AF who have risk

factors for cardioembolic stroke and no contraindication for its usage. Direct thrombin inhibitor offers the advantage

of not needing prothrombin time controls and dose adjustments, but it needs large clinical trial for confirmation. Any

type of anticoagulant by any route should not be used in acute cardioembolic stroke. Stroke after percutaneous

coronary intervention (PCI), although rare, is associated with high mortality. Cardiologist must flush catheters

thoroughly, minimize catheter manipulation and use minimal contrast medium during PCI.