

How I risk stratify shunt patients to determine risk of stroke

Case history:

A 38 year old woman with IHS migraine with aura and sleep apnea developed aphasia and hemi-paresis.

Medications: NSAID, ASA, OCP

Evaluation:

TTE: mod rest / severe Valsalva shunt otherwise normal

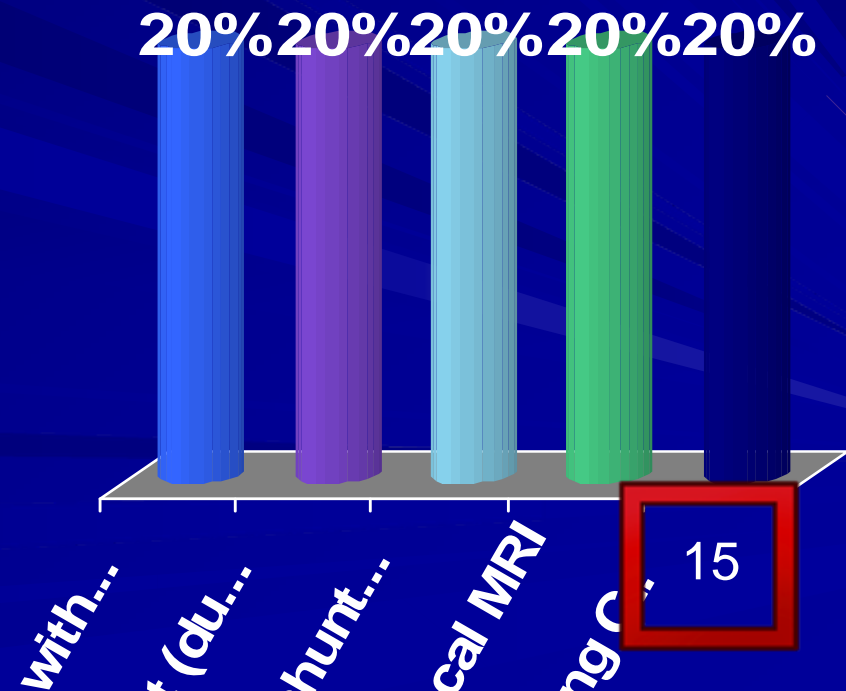
TCD: rest 5/5; RS 5+/5; induced Sx

MRI: 5 T2 WM hyperintensities

MRA: normal neck /intra-cranial

The highest risk of stroke for RLS:

1. migraine with aura
2. rest shunt (duration)
3. Valsalva shunt (size)
4. Multi-focal MRI
5. Whispering CVA symptoms



How I risk stratify right-to-left shunt patients: What I actually do; really-

Shunt characteristics

- ★ Duration of shunt: CCHD, p-AVM, La Spienza
- Size of shunt: only 5 or 5+/5
- IASA (septal aneurysm)

★ Abnormal MRI

Symptoms

CVA

TIA

Regards III whispering stroke

Aura (?=TIA)

- ★ Diagnostic, micro-embolization induction of symptoms

Co-morbidities / risks

Venous constituents: DVT /PE, surgery, diving

Duration: Pulm HT, TR, sleep apnea

Brain injury: trauma, tumor, multiple sclerosis