

SPECIAL CASES IN ACUTE STROKE: CHALLENGING THE NORM

José Biller, MD, FACP, FAAN, FANA, FAHA

Loyola University Hospital
Maywood, IL

- Although most types of heart disease can produce cerebral embolism, cardiac sources with high-risk embolic potential include: atrial fibrillation (AF), acute myocardial infarction (MI), mechanical prosthetic heart valves, rheumatic mitral stenosis, dilated cardiomyopathies, infective endocarditis, atrial myxomas
- Provide a roadmap for patients with known intracranial (or intraspinal) vascular lesions requiring long-term anticoagulant therapy for NVAF, mechanical heart valve prosthesis, left ventricular assist devices, and pulmonary embolism
- Dabigatran, a reversible oral direct thrombin inhibitor, and the anti-Xa agents (Rivaroxaban, Apixaban, Edoxaban) are used as alternative agents for adjusted-dose warfarin in the prevention of stroke in patients with NVAF
- Management of acute ischemic stroke in patients on NOACs
- Thrombolysis, endovascular interventions, and NOACs: decision-making guide in acute stroke
- Management of NOAC associated intracranial hemorrhage
- Risk assessment and management strategy paradigms before considering re-starting oral anticoagulation therapy following ischemic stroke or ICH

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