

ALL PATIENTS AND/OR NOT ALL PATIENTS SHOULD BE ADMITTED TO THE HOSPITAL AFTER TIA. CONTROVERSIES

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Introduction: Patients with TIA receiving emergency treatment by specialist stroke services have lower stroke rates than those cared for in other settings. We do not know precisely what does it mean specialist services, They are no outpatient approaches that could achieve this goal. Since definition of TIA was approved, the controversies between "all patients with TIA and/or not all patients should be hospitalize" exist

Material, Methods: Data from Cochrane, EMBASE, SCI, Pubmed, all Trials (2005-2013), leader expert 's opinion (2011-2013)

Results: Before choosing a management strategy for patient with suspected TIA, diagnostic programme consists of: 1.admission to TIA clinic/stroke center, 2. urgent ecaluation, 3. Diagnosis, TIA is the probable diagnosis. Diagnostic certainty can be increased 1. by performing MRI-DWI; 2. by extra-and TCD intracranial arteries,3. sometimes MR-AG. Absence of DWI lesion does not exclude TIA. Probability of TIA is based on the patient's age, symptoms, and negative head CT. This leads to searching: the cause?, cardioembolism(10-20%), large artery stenosis (LAA,15-20%), hemodynamic changes etc. Every mechanisms requires specific early interventions, cardiac evaluation.Conv.ECG does not exclude cardioembolic source, paroxysmal AF, valvular lesions, HF's. Holter ECG, echocardiography, ABPM are needed. It allows only hospital admission (stroke center, TIA clinic).It makes rapid diagnosis and start appropriate therapeutic programme.

The risk of early recurrent stroke is high, mainly in patients with LAA, Despite all patients are admitted to stroke center/TIA clinic, only 25% need to be hospitalized >1 day (eg.AF),75%can be discharge home with prescription secondary prevention.Overall risk/90 days was low for both possibilities(1.24%)

Conclusions

1.All patients with TIA should be admitted to stroke center/TIA clinic, 2.Diagnosis and the cause should be evaluated urgently.3.Only 25% need to be hospitalized >1 day,75% can be discharge home with prescription sec. prevention.4.Overall recurrent stroke risk is low for both possibilities.

Suported/eugrantTMSITMS26220220099