

## **TRANSIENT ISCHEMIC ATTACKS AND TRANSIENT NEUROLOGICAL ATTACKS**

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**Background:** Accurate diagnosis of transient ischemic attack (TIA) is required as it implies a specific search for etiology and treatment. It is frequently difficult to distinguish TIA from other transient (24h) neurological attacks (TNA).

**Aim:** to classify patients with TNA referred to a TIA clinic, and identify the most frequent problems in establishing the definite diagnosis.

**Methods:** analysis of a consecutive cohort of 67 patients referred to emergency room in the neurology service of University Hospital Centre "Mother Teresa" from February to September 2012. Collected data included, age, gender, vascular risk factors, symptoms, personal history, laboratorial and imaging exams. TNA were classified as TIA or other specific diagnosis (TIA mimic) accordingly to established criteria. When a diagnosis could not be established they were considered unclassifiable. Reasons limiting classification were listed.

**Results:** 61 patients were included (24hsymptoms duration) with a mean age of 64, 2 years.

**Diagnosis was:**

-TIA 62, 6%, (N=42)

-TIA mimic 23, 8%, (N=16) (psychiatric, syncope, seizure, vertigo, migraine, transient global amnesia, pain, metabolic syndrome, movement disorder).

-Unclassifiable 13, 6 % (N=9)

TIA diagnosis could not be established due to: focal deficit doubtful, positive phenomena, gradual onset, short duration, and incongruence with vascular territory. Migraine diagnosis was limited because not accomplishment of criteria (first event of aura). Diagnosis of seizure could not be reached due to atypical manifestations.

**Conclusions:** TIA diagnosis is difficult because it relies in the report of symptoms by patients. A detailed study of symptoms description could improve TIA diagnosis.