

COVID-19: Acute Strokes in the Young...Vasculitis vs. Hypercoagulability

Physicians on the front lines are identifying patients with minor disease with stroke and skin changes consistent with vasculitis and hypercoagulability.

SANTA BARBARA, CA, UNITED STATES, April 27, 2020 /EINPresswire.com/ -- United States physicians on the front lines including rheumatologist and dermatologist are identifying patients with relatively minor disease with [stroke](#) and skin changes consistent with vasculitis and hypercoagulability that are found in non-COVID-19 clinical conditions. Stroke, skin changes, and other vascular issues are consistent the China experience which noted a diffuse vasculitis and hypercoagulable state in severely ill patients. These findings suggest that there may be a roll of utilizing anti-inflammatory drugs such as corticosteroids and chloroquine/hydroxychloroquine going forward in selected patients.



Young patients are suffering large vessel strokes according to physicians on the front line in patients with no risk factors for stroke. Dr. Thomas Oxley, a neurosurgeon at Mount Sinai Health System says, "The virus seems to be causing increased clotting in the large arteries, leading to severe stroke...the most effective treatment for large vessel stroke is clot retrieval, but this must be performed within 6 hours, and sometimes within 24 hours."

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Dr. Greg Vigna

Dr. Greg Vigna, a practicing physician in Physical Medicine and Rehabilitation and neurological injury attorney states, "This is a terrible situation as large vessel strokes cause profound disability leading to the need for 24-hour care, feeding tubes, and long-term rehabilitation. For a family to have parent or child go down with a stroke will result in the

entire family becoming medically indigent because the cost of care is immense.”

Dr. Vigna adds, "During the COVID-19 pandemic the standard of care for any young person presenting to the emergency room with a mental status change that can't be explained by hypoxia (lack of oxygen) must include an emergent CT scan and CT angiogram (CTA) to rule a large vessel occlusion. The 7-fold increase in young strokes presenting to this New York hospital cannot be ignored. Obviously, any patient with acute impairments in speech and weakness of the face or arm must be sent for an immediate CTA but clinicians must have a high index in suspicion for a young patient who presents with confusion. Early intervention with a thrombectomy is the key to prevent life-time disability.”

Dr. Vigna concludes, "Fortunately the 2018 [Acute Ischemic Stroke Guidelines](#) have been the standard of care for a longtime so hospitals have fast track procedures in place to prevent delay in proceeding with a thrombectomy in house or for transferring a patient to a thrombectomy capable facility. The COVID-19 issues should not delay a thrombectomy in large vessel occlusion.

Given that these COVID patients appear also to have a coagulopathy it is not clear if tPA should be administered, but thrombectomy is absolutely necessary for large vessel occlusion.”

Greg Vigna, MD, JD is a California and Washington DC lawyer who focuses on catastrophic neurological injuries cause by the vaginal mesh, brain injuries, spinal cord injuries, brachial plexus injuries, and medical malpractice. He is Board Certified in Physical Medicine and Rehabilitation.

The Vigna Law Group is a national [neurological injury law firm](#) that co-counsels with leading trial attorneys across the country to achieve justice.

<https://www.ahajournals.org/doi/full/10.1161/strokeaha.118.020176>

<https://www.cnn.com/2020/04/22/health/strokes-coronavirus-young-adults/index.html>

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Greg Vigna, MD, JD
Vigna Law Group
1155 Coast Village Rd., Suite 3, Santa Barbara, CA

<https://vignallawgroup.com>

Greg Vigna
Greg Vigna, M.D., J.D., PLC
+1 800-761-9206

Greg Vigna
Greg Vigna, M.D., J.D.
+1 800-761-9206

[email us here](#)

Visit us on social media:

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