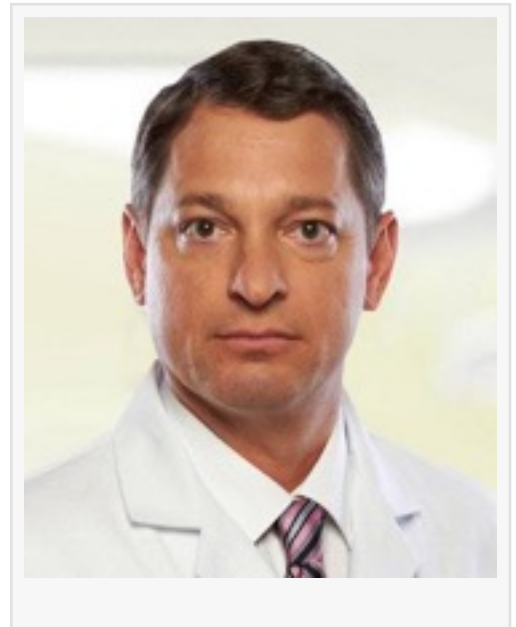


# Stroke Care During the COVID-19 Pandemic: Twice as Many Thrombectomies

*During the peak of the outbreak in Manhattan, Dr. Weinberger reported, "We're doing twice as many interventions for large vessel thromboses than usual..."*

SANTA BARBARA, CA, UNITED STATES, May 26, 2020 /EINPresswire.com/ -- Dr. Jesse Weinberger, a [stroke](#) neurologist and member of a vascular interventional group that serves multiple hospitals in Manhattan, New York, is director of the neurovascular laboratory at Mount Sinai states that during the COVID-19 pandemic, "We are also seeing...large vessel strokes...in folks who don't have a good reason for it...and seeing many with multiple small infarcts, but we don't find anything in the heart causing it."



During the peak of the outbreak in Manhattan, Dr. Weinberger reported, "We're doing twice as many interventions for large vessel thromboses than usual, over 50% of which were on COVID-19 patients."

Greg Vigna, MD, JD, practicing Physical Medicine and Rehabilitation physician and national neurological injury attorney, and Certified Life Care Planner states, "COVID-19 has not changed much in terms of the stroke treatment plan as the major centers continue to provide thrombolytics (tPA or clot busters) if a ischemic stroke is identified within 6 hours of onset and thrombectomy is provided if large vessel occlusion is identified on CT-angiogram within 24 hours of onset. The goal is the same, decrease the time to thrombectomy as that leads to less disability."

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Stroke patients with disability, especially COVID-19 related large vessel strokes, deserve acute rehabilitation hospital care and should be referred to these specialty rehabilitation hospitals.”

*Dr. Greg Vigna*

Dr. Vigna adds, "Venous blood clots are also more common in COVID-19 patients especially in those who are critically ill

and those with abnormalities on liver function test. Many hospitals have introduced [policies](#) to ensure that COVID-19 patients are given prophylactic doses of Lovenox, a blood thinner, to reduce the risk of deep venous thrombosis (blood clots) and pulmonary embolisms. Many

questions remain with this novel virus because of the risk of large vessel strokes that are occurring in the young and the thrombogenic risk associated with COVID-19 infections. Should newly diagnosed COVID-19 young patients take a Baby Aspirin to prevent the risk of stroke? I don't think anyone in the medical community is ready to say that without studies. The standard of care related to stroke care remains the same as prior to the pandemic. tPA administered within 4-6 hours of an acute stroke and thrombectomy, sooner the better, but must be within 24 hours."

Dr. Vigna concludes, "Interestingly, some acute rehabilitation hospitals are not taking COVID-19 patients because of the risk of viral shedding and infection control risks. Stroke patients with disability, especially COVID-19 related large vessel strokes, deserve acute rehabilitation hospital care and should not be transferred to a skilled nursing home and should be referred to these specialty rehabilitation hospitals."

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.

<https://www.medscape.com/viewarticle/930457>

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

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