

# Red Flag Warning: Large Vessel Transient Ischemic Attack...Needs CT-Angiogram

*Dr. Greg Vigna comments on hospitals' failure to meet stroke care management standards, resulting in untimely diagnoses of catastrophic strokes.*

SANTA BARBARA, CALIFORNIA, UNITED STATES, December 3, 2020 /EINPresswire.com/ -- "There is

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*Dr. Greg Vigna*

nothing transient about a transient ischemic attack when symptoms are consistent with large cerebral vessel occlusive disease and the failure to diagnose leads to life-time disability"... [Dr. Greg Vigna](#)-stroke physician/attorney

Transient ischemic attacks (TIA) are "a brief episode of neurological dysfunction caused by focal brain or retinal ischemia (lack of blood flow), with clinical symptoms lasting less than one hour, and without evidence of acute infarction." Historically the medical work-up included carotid ultrasound, EKG, Holter, and an Echocardiogram that could be done as an outpatient along with starting an

antiplatelet drug such as Aspirin and Plavix.

Since 2018, the management of stroke has changed as there are invasive therapeutic options including thrombectomies and cerebral angioplasty to treat cerebral artery occlusive disease with 24 hours of onset on neurological deficits. The standard of care today for patients with TIAs or strokes must include MRI with diffusion-weighted imaging (DWI) with cerebral vascular imaging with either a CT-angiogram or MRA (MR-angiogram). The DWI is necessary as it shows brain that is not dead but at risk for permanent injury because of ongoing ischemic (lack of adequate blood flow). A CT-angiogram or MRA (MR-angiogram) will determine if there is large vessel occlusive disease that is feeding the area of the brain at risk of permanent injury as indicated by the DWI study. Patients with a positive DWI study have a 11 percent stroke reoccurrence rate at 90 days if there is no large vessel occlusion but 33 percent if there is occlusive disease. Identification of large vessel occlusive disease is key to prevention of catastrophic strokes as thrombectomies may be indicated.

Studies indicate that 8% of patients who were discharged from emergency rooms with either a TIA or minor stroke were readmitted with stroke within 7 days compared to 0.9% who were

admitted and worked-up. Current best practice is that patients need same day work-up including an EKG, CT scan of head, and a study to rule out large vessel disease such as a CT-angiogram or MRI/MRN. If there is an abnormality on neuroimaging, patients should be seen by a neurologist the same day.

Dr. Greg Vigna, national pharmaceutical injury attorney, national neurological injury attorney, Certified Life Care Planner, and practicing physician states, "Hospitals, urgent care centers, and private medical clinics have been cutting corners replacing physicians with nurse practitioners failing to timely diagnose large vessel cerebral disease leading to catastrophic strokes that lead to lifetime disability. Patients need a quick, reliable assessment based on a careful history and physical examination and immediate diagnostic testing by an appropriate hospital."



Dr. Greg Vigna

Dr. Vigna states, "There are well defined standards of care for stroke management that are designed to prevent the most devastating strokes that lead to permanent dense hemiparesis, inability to talk (aphasia), and inability to swallow (dysphagia) that results in immense suffering and future care cost that may be in the millions of dollars."

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 and national pharmaceutical injury law firm that co-counsels with leading trial attorneys across the country to achieve justice.

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#### References:

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