



Cryptogenic Stroke and PFO

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DISCLOSURE STATEMENT OF FINANCIAL INTEREST

Within the past 12 months, I have had a financial interest/arrangement or affiliation with the organization(s) listed below

AFFILIATION/FINANCIAL RELATIONSHIP

- Grant/Research Support
- Consulting Fees/Honoraria
- Major Stock Shareholder/Equity
- Royalty Income
- Ownership/Founder
- Intellectual Property Rights
- Other Financial Benefit

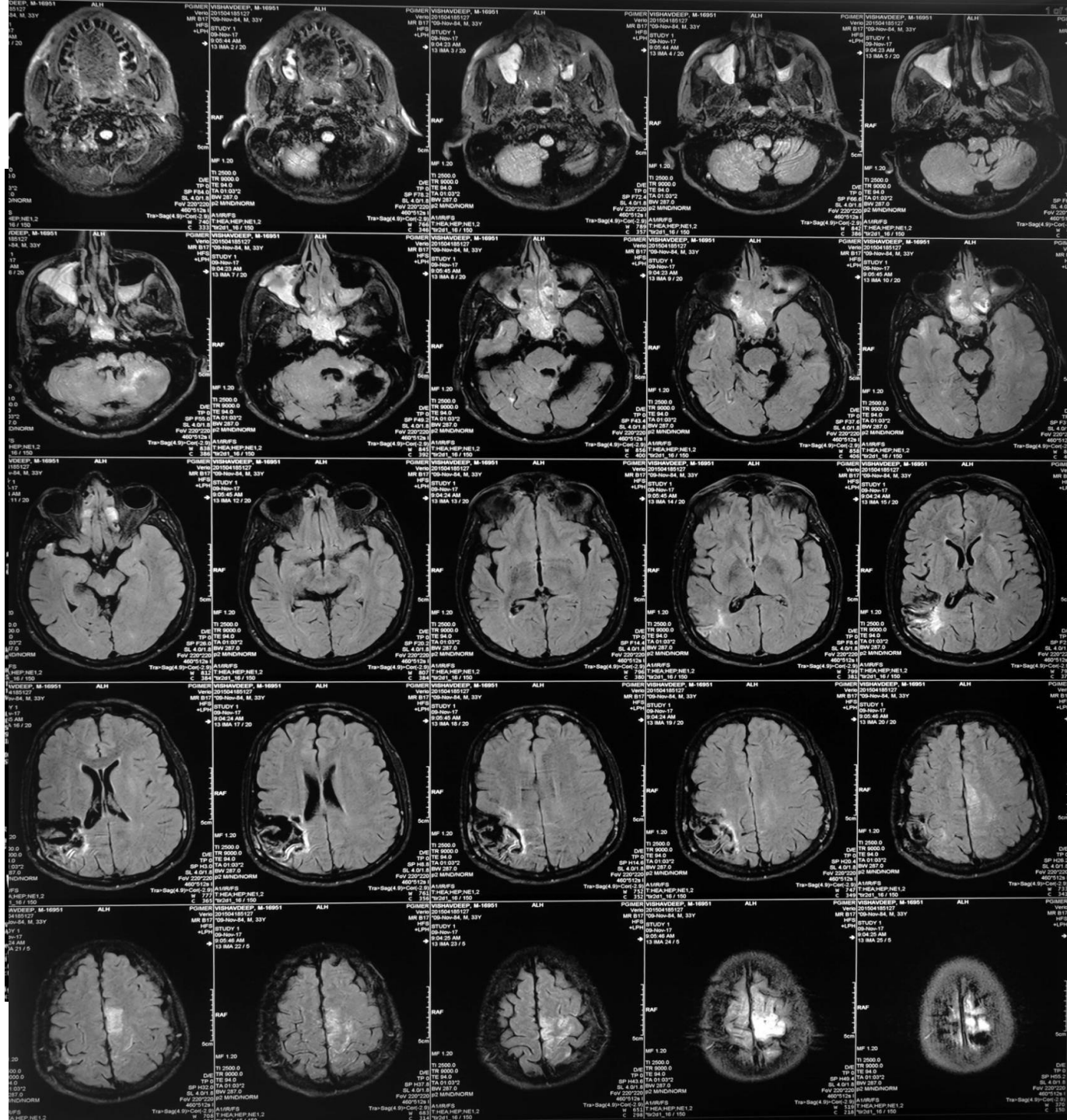
COMPANY

- Boehringer Ingelheim / Eisai
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DISCLOSURE STATEMENT OF FINANCIAL INTEREST

I, (Dheeraj Khurana) DO NOT have a financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation.

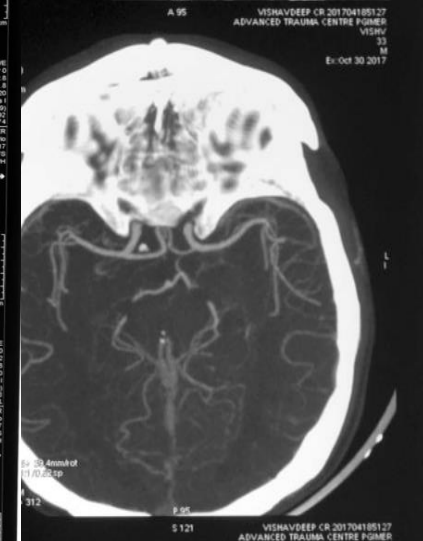
- 31/M **(Oct 2017)**
- Rt sided UL & LL weakness facial deviation to Lt side
Dysarthria: Thrombolysed with IV tPA (DTN- 33min)
- **Past History:** – 2006 Left sided weakness (Left superior cerebellar artery infarct): completely recovered, was started on ecosprin , Stopped it after 3 years. August 2015, Left sided weakness with facial deviation thrombolysed (outside), started his daily activities on 3rd day and after 4-5 days he started walking without support- On Clopidogrel 75 mg since 2015
- Prothrombotic W/U: -ve



STROKE 2019



WIST





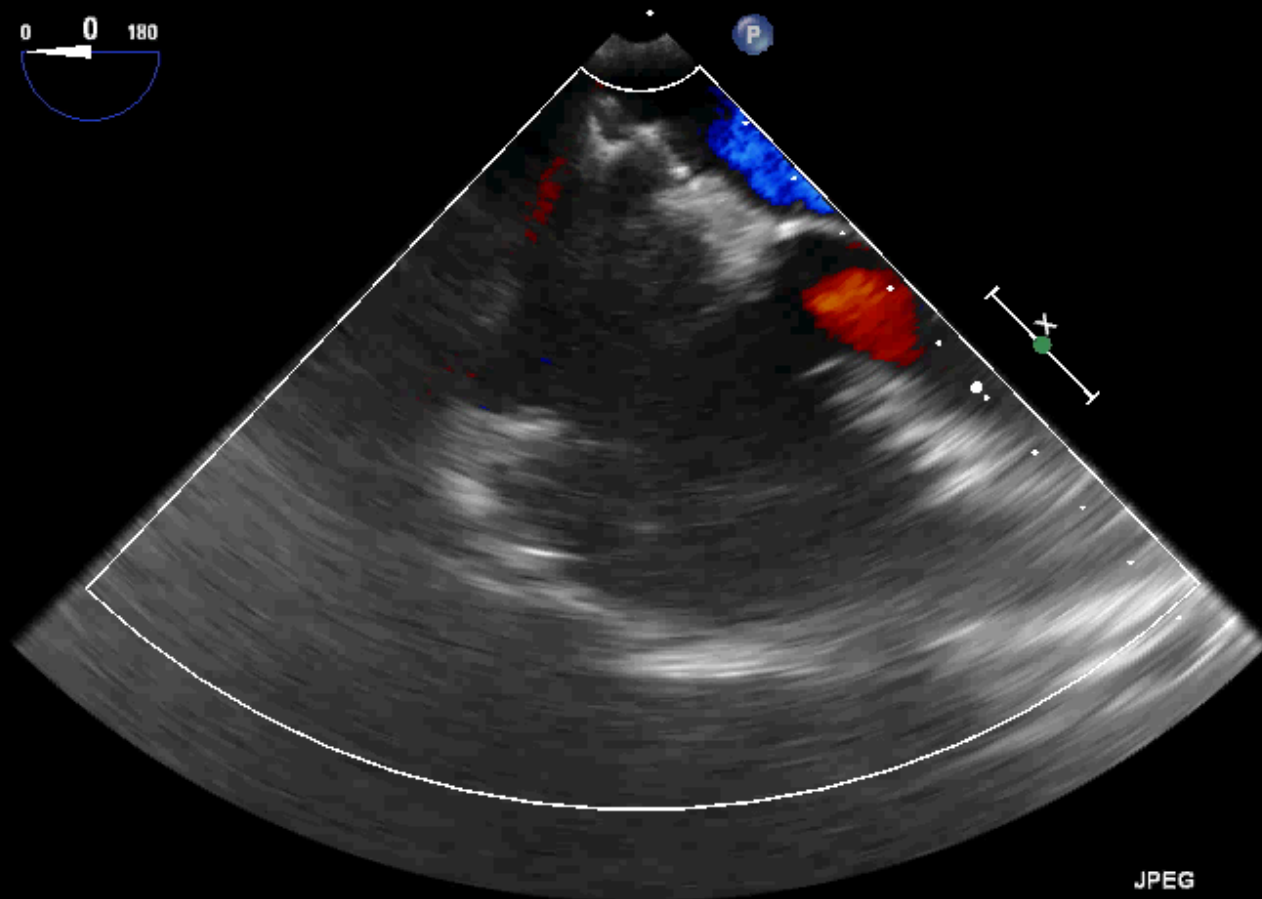
TEE

PHILIPS

TIS0.7 MI 0.4

X7-2t/Adult

2D
77%
C 50
P Off
Gen
2D
77%
C 50
P Off
Gen
CF
59%
4.4M
WF I
Med
CF
59%
4.4MHz
WF High
Med



M4 M4
+53.5
-53.5
cm/s

-53.5
cm/s

JPEG

*** bpm

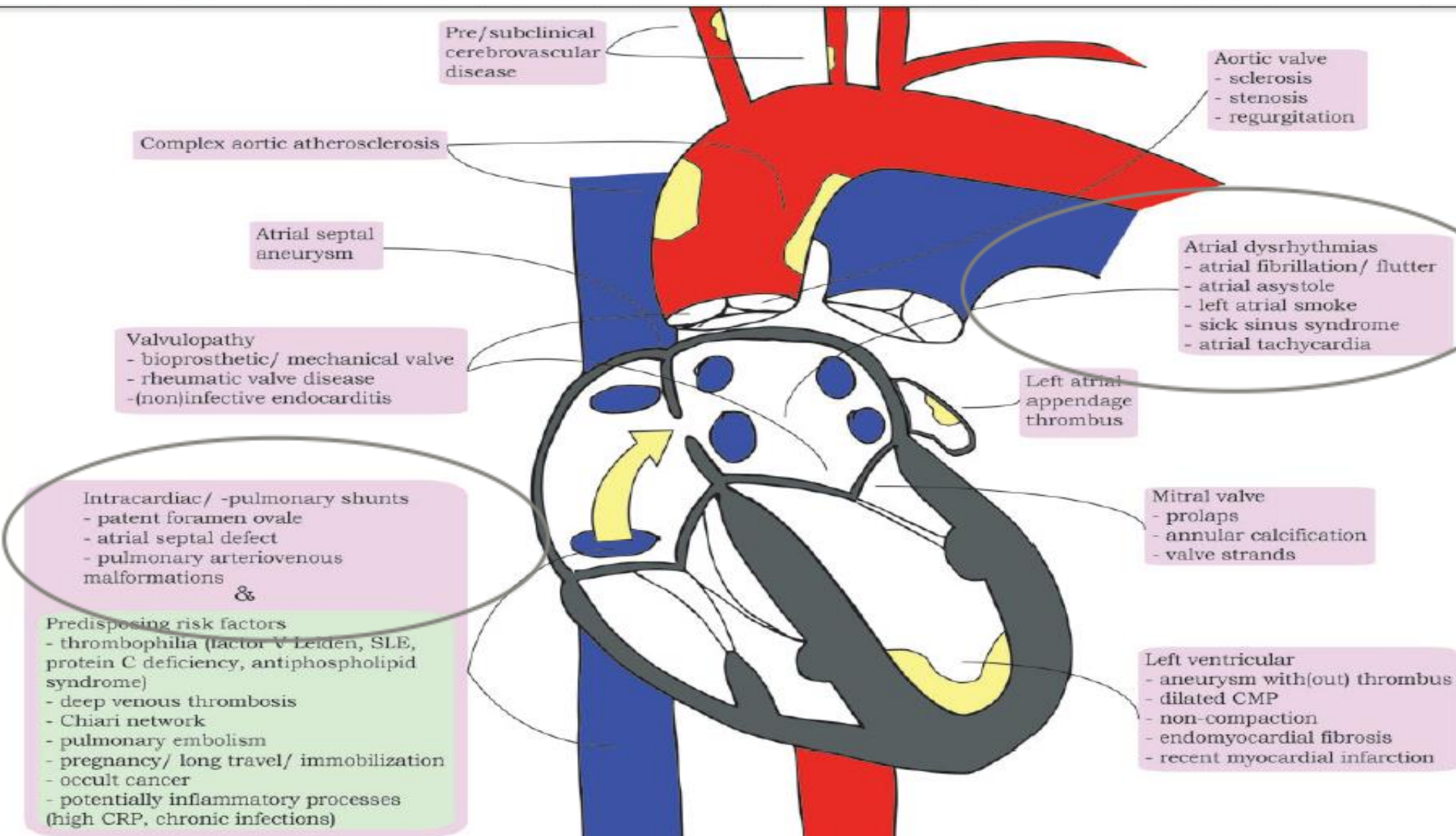
PAT T: 37.0C
TEE T: 37.0C



ESUS

1. Ischemic stroke detected by CT or MRI that is not lacunar†
2. Absence of extracranial or intracranial atherosclerosis causing $\geq 50\%$ luminal stenosis in arteries supplying the area of ischemia
3. No major risk cardioembolic source of embolism‡
4. No other specific cause of stroke identified (eg, arteritis, dissection, migraine/vasospasm, and drug abuse)

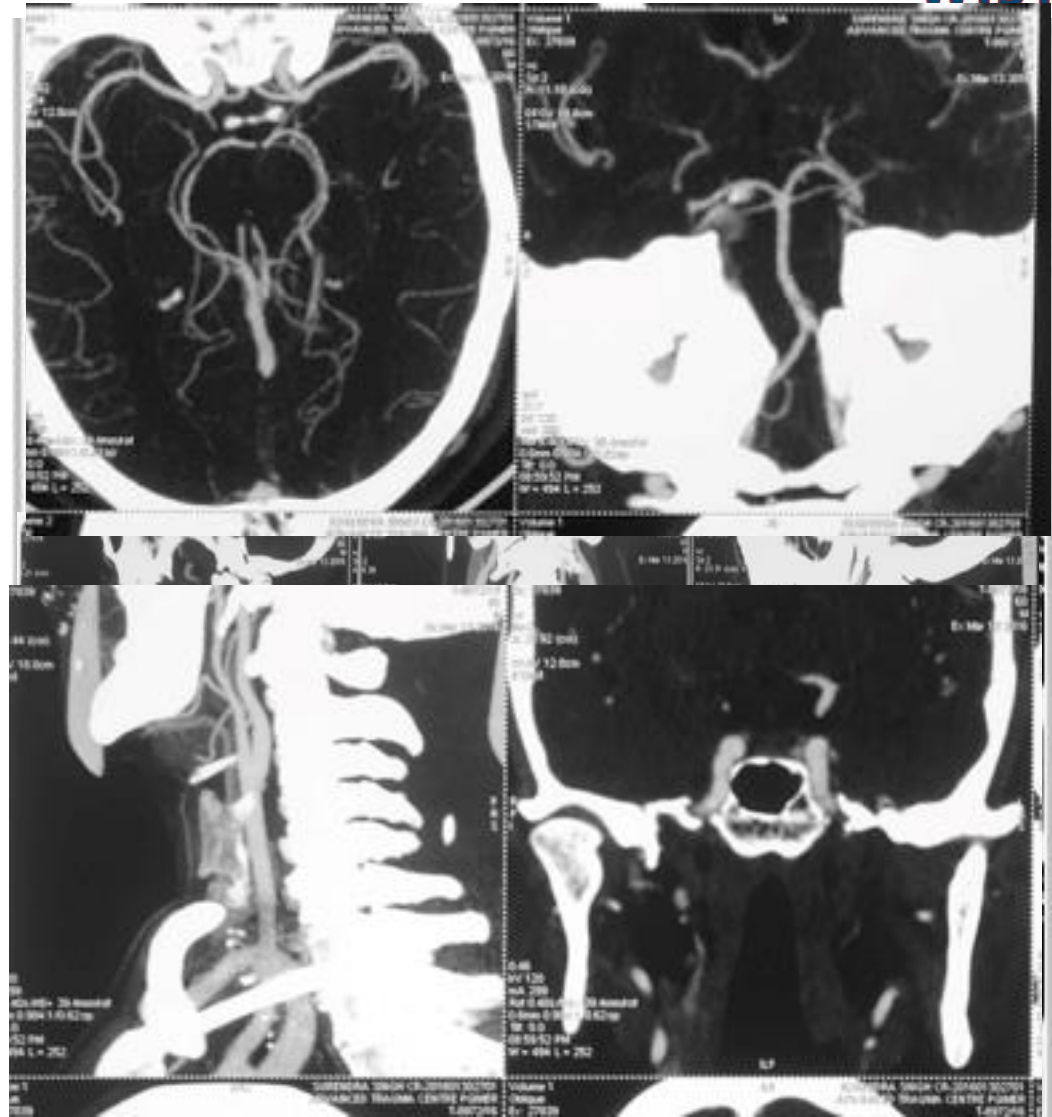
Causes





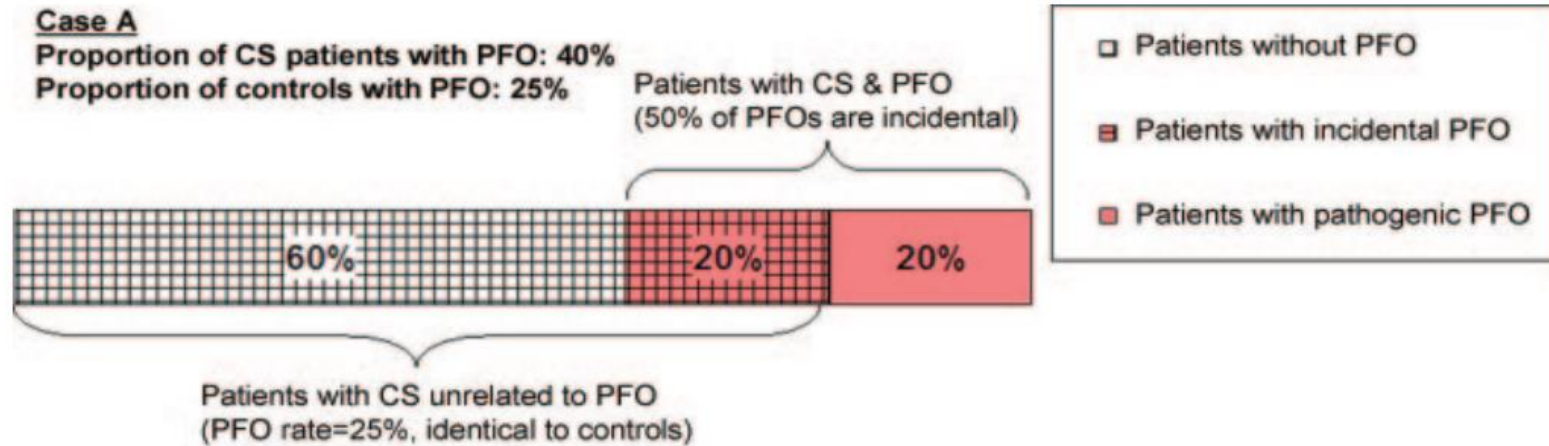
EVALUATION STRATEGY

- Brain Imaging (CT / MRI)
- Vascular imaging (CTA / MRA / Duplex / TCD)
- Echo (TTE / TEE)
- EKG/Holter
- Hematological evaluation





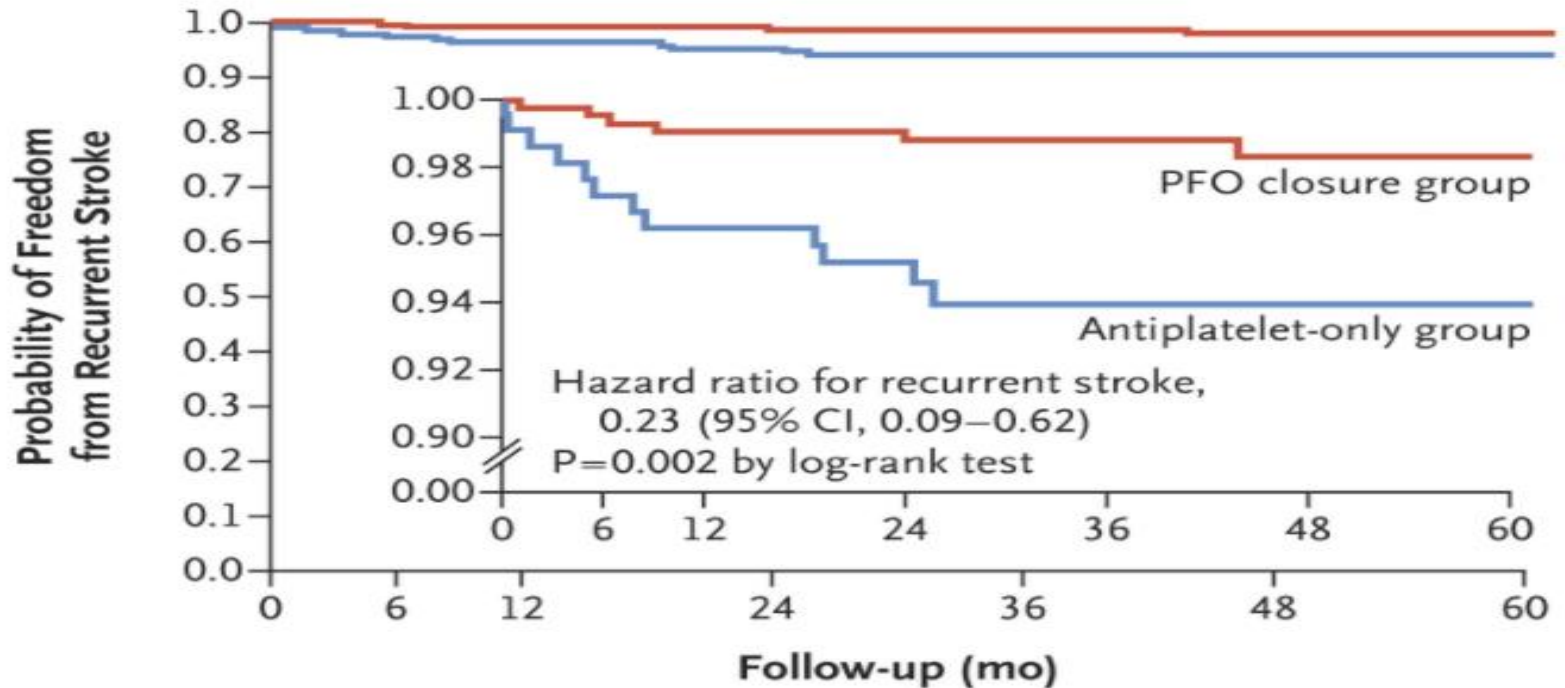
Cryptogenic stroke and PFO



PFO Mangement

- ANTICOAGULTION for 3 months if DVT found.
- Antiplatelets
- PFO closure

PFO: Management

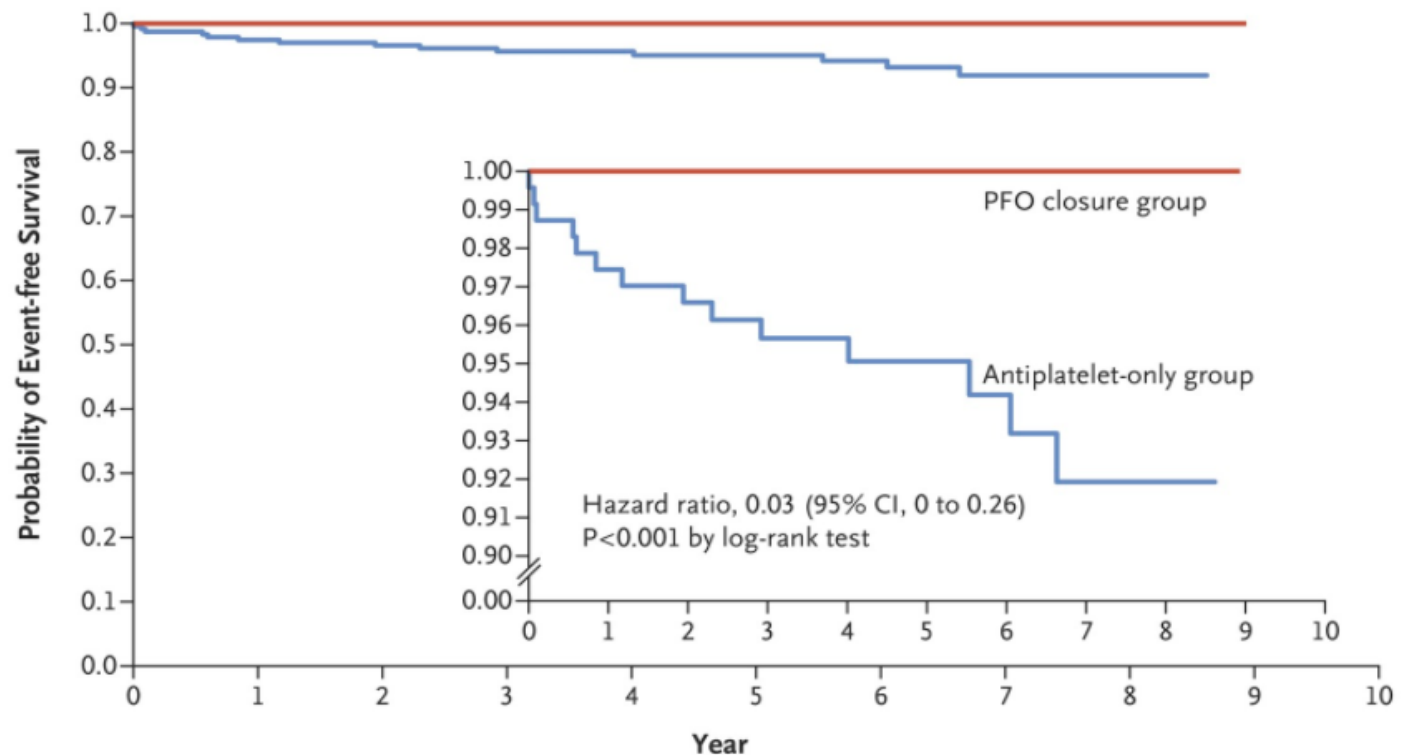


No. at Risk

PFO closure group	441	422	417	398	278	182	102
Antiplatelet-only group	223	202	194	173	116	78	30



CLOSE



No. at Risk

PFO closure group	238	238	232	200	179	141	99	64	20	0	0
Antiplatelet-only group	235	229	223	198	160	130	96	55	19	0	0

Strong recommendation in favour of PFO closure plus antiplatelet therapy compared with antiplatelet therapy alone

•Weak recommendation in favour of PFO closure plus antiplatelet therapy compared with anticoagulants



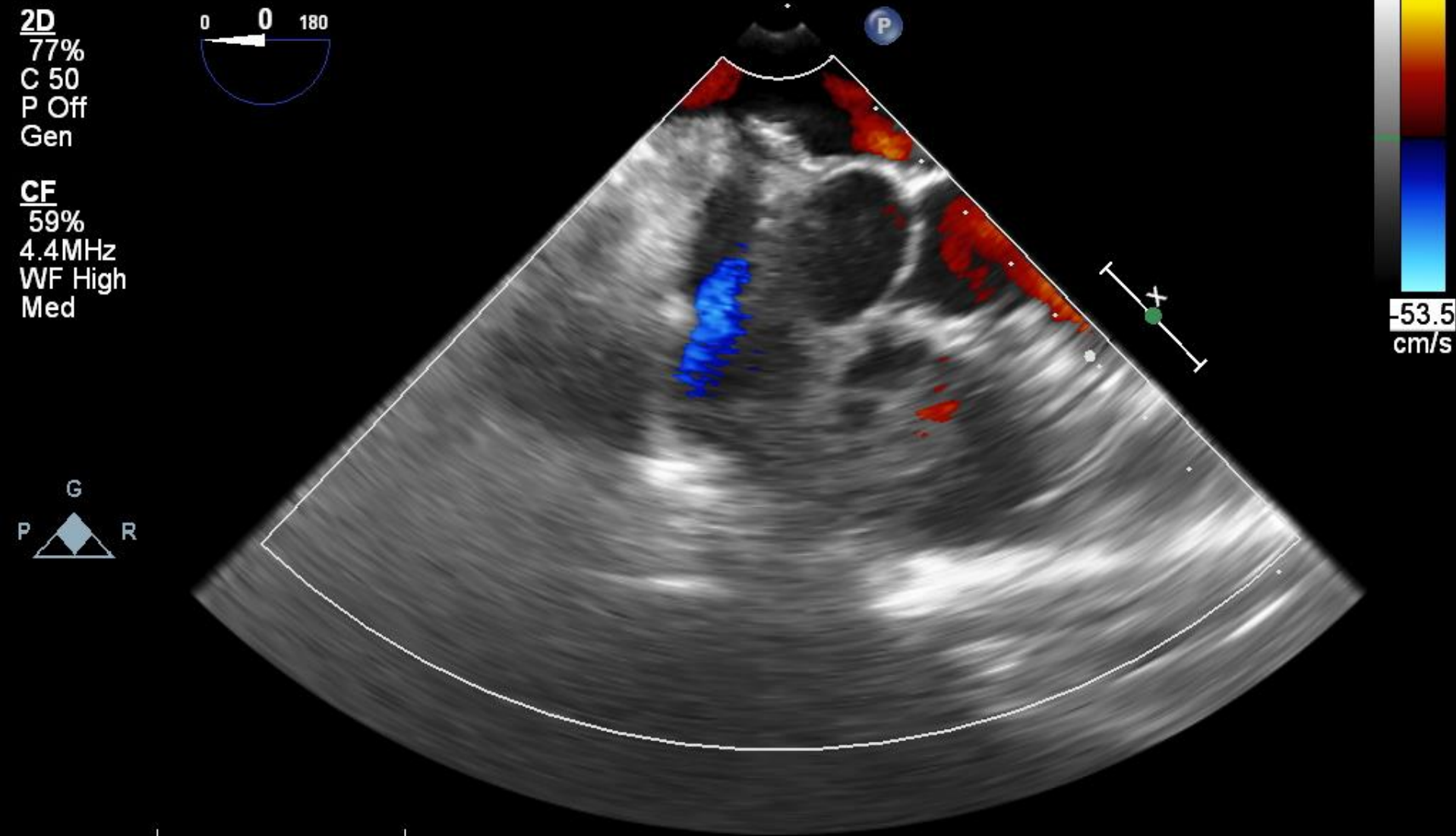
APID RECOMMENDATIONS



OPEN ACCESS

Patent foramen ovale closure, antiplatelet therapy or anticoagulation therapy alone for management of cryptogenic stroke? A clinical practice guideline

Ton Kuijpers,¹ Frederick A Spencer,² Reed A C Siemieniuk,^{3 4} Per O Vandvik,^{5 6} Catherine M Otto,⁷ Lyubov Lytvyn,² Hassan Mir,² Albert Y Jin,⁸ Veena Manja,⁹ Ganesan Karthikeyan,¹⁰ Elke Hoendermis,¹¹ Janet Martin,¹² Sebastian Carballo,¹³ Martin O'Donnell,¹⁴ Trond Vartdal,¹⁵ Christine Baxter,¹⁶ Bray Patrick-Lake,¹⁷ Joanie Scott,¹⁸ Thomas Agoritsas,^{3 19} Gordon Guyatt^{2 3}



Thank you for the patient
listening