



Signs, Symptoms and treatment for strokes

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Abstract:

Patients with TIA and arteria pathology are at high risk of early stroke, severally of abnormal acute DWI, ABCD2 score, and vascular risk factors, with highest risk determined within the 1st days once symptom onset and in patients with neural structure TIA, larger lumen pathology, and unhealthy plaque on roentgenography. In randomized trials, arteria excision (CEA) is very helpful for secondary stroke interference, with most profit determined in those that underwent surgery inside two weeks of symptom onset. However, despite greatest repeated stroke risk inside the primary days once initial symptoms, the security of terribly early CEA remains to be established. for instance, within the Swedish vascular written account the combined rate of stroke and death in patients United Nations agency underwent CEA inside 48 hours was eleven.5%, with a 4-fold increase within the odds of poor outcome compared to 3–7 days. obtainable knowledge indicates that concerning half recently-symptomatic patients don't bear CEA, and solely a minority have CEA inside the counseled 14-day amount. For these reasons, improved medical treatments are required inside the primary days once symptoms for patients before revascularization and in those not selected for revascularization. Statins cut back stroke risk once initiated months once TIA/stroke and cut back early vascular events in acute coronary syndromes, presumably via pleiotropic plaque-stabilization. Few knowledges exist relating to acute medicament use in TIA. we have a tendency to aimed to work out if medicament pre-treatment at TIA onset changed early stroke risk in arteria pathology. In acute symptomatic arteria pathology, medicament pre-treatment was related to reduced stroke risk, in step with findings from randomized trials in acute coronary syndromes. These knowledges support



the hypothesis that statins started acutely once TIA symptom onset may be helpful to forestall early stroke. randomized trials addressing this question are needed.

Biography:

Samir Smisim is an Emergency Physician, Disaster Management, Medical Director of Training programs SRCA, AHA Training Center Faculty and MD, NAEMT Affiliate Faculty and MD in UAE.

Recent Publications:

1. Samir Smisim. Augmentation of venous drainage by a venous anastomosis for pedicled flaps. J Reconstr Microsurg. 2008 Jul
2. Samir Smisim. Osteoplastic thumb ray restoration with or without secondary toe transfer for reconstruction of opposable basic hand function. Plast Reconstr Surg. 2008 Apr; 121 (4):1288-97
3. Samir Smisim Posterior tibial artery flap in poliomyelitis patients with lower extremity paralysis. Plast Reconstr Surg.

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