



# Overview of Diagnosis in Stroke

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**Montefiore**

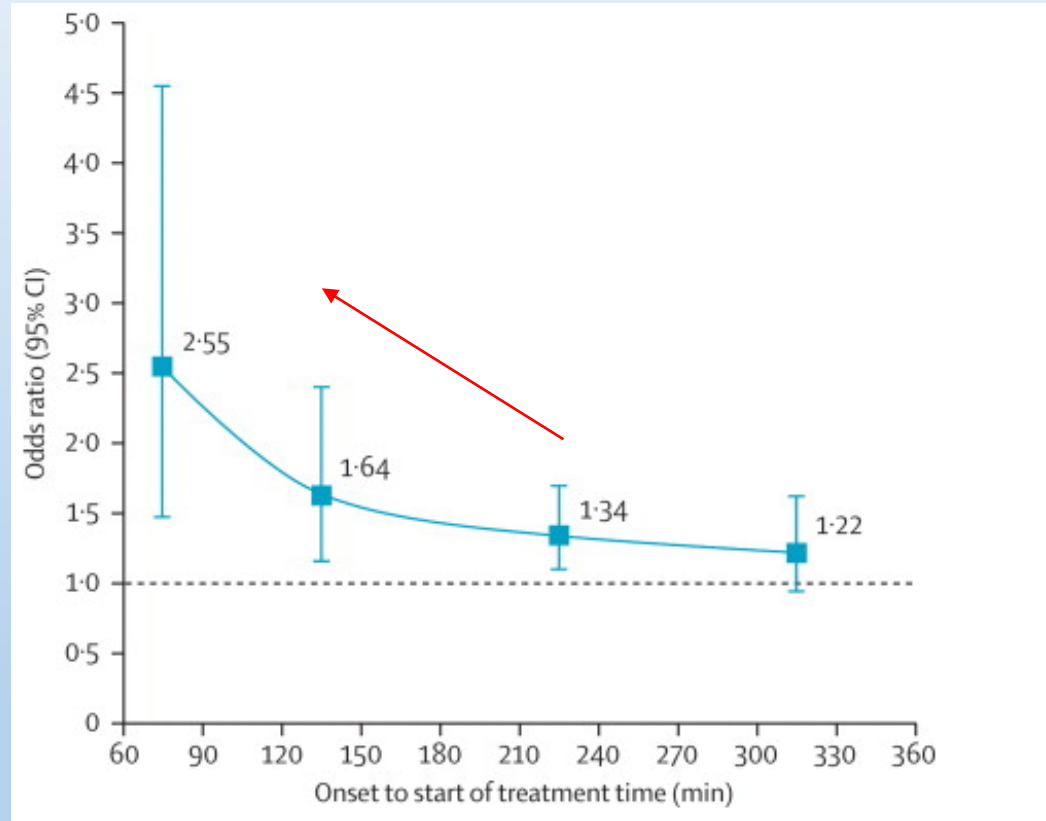
# Disclosures

- PI on National Institute of Neurological Disorders and Stroke  
K23NS107643 from NIH

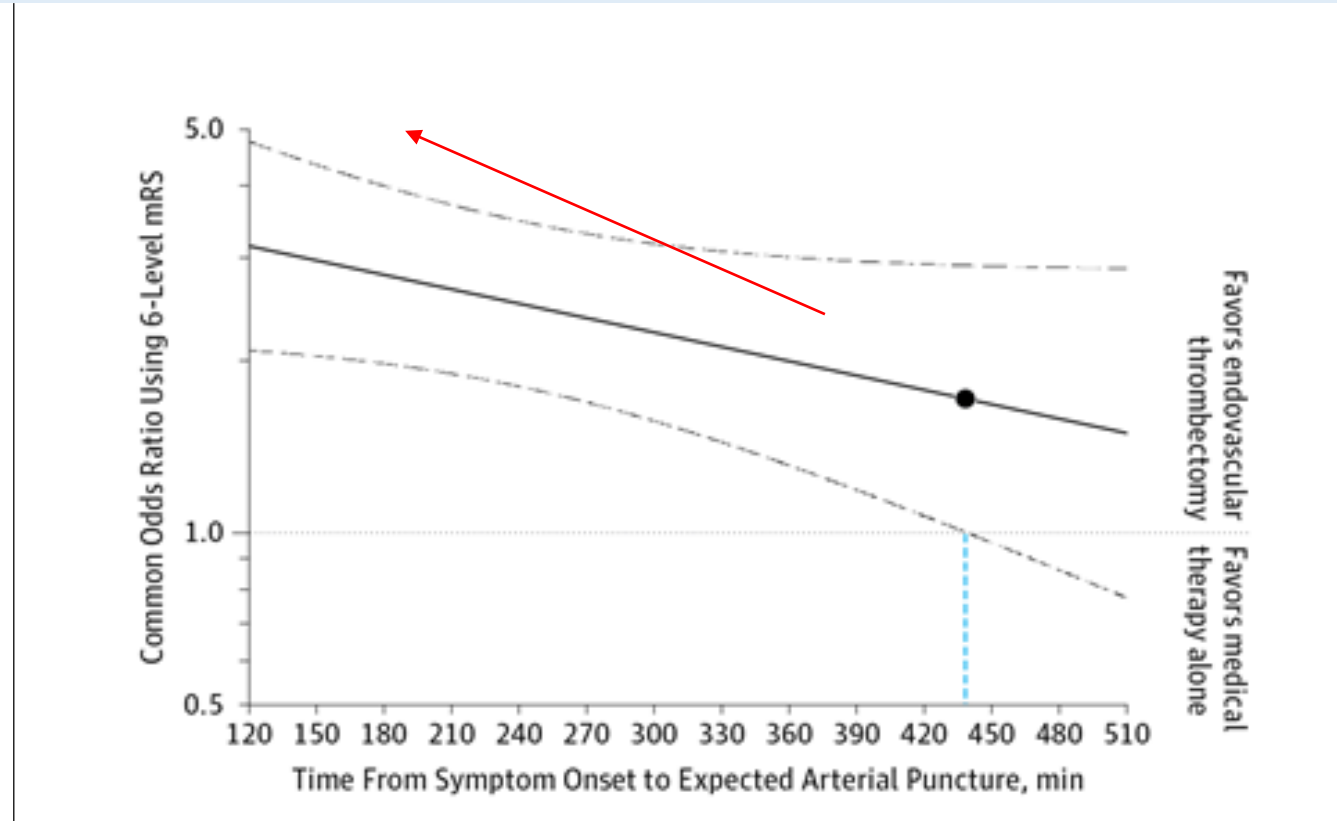
# Stroke Definition and Diagnosis

- Neurological impairment caused by a disruption in the blood supply to a region of the brain
  - Ischemic stroke
  - Intracerebral hemorrhage
  - Subarachnoid hemorrhage
- Fundamentally, stroke is a **CLINICAL DIAGNOSIS** that is augmented by radiological imaging
  - Imaging is essential to distinguish ischemia from hemorrhage
  - But, for ischemic strokes, imaging accuracy is imperfect
    - Non-contrast head CT at 3 hours is 47%-53% sensitive and more than 80% specific
    - For small ischemic strokes, magnetic resonance imaging (MRI) imperfect sensitivity
- Time-sensitive diagnosis

# “Time is brain”: need for rapid treatment in acute ischemic stroke

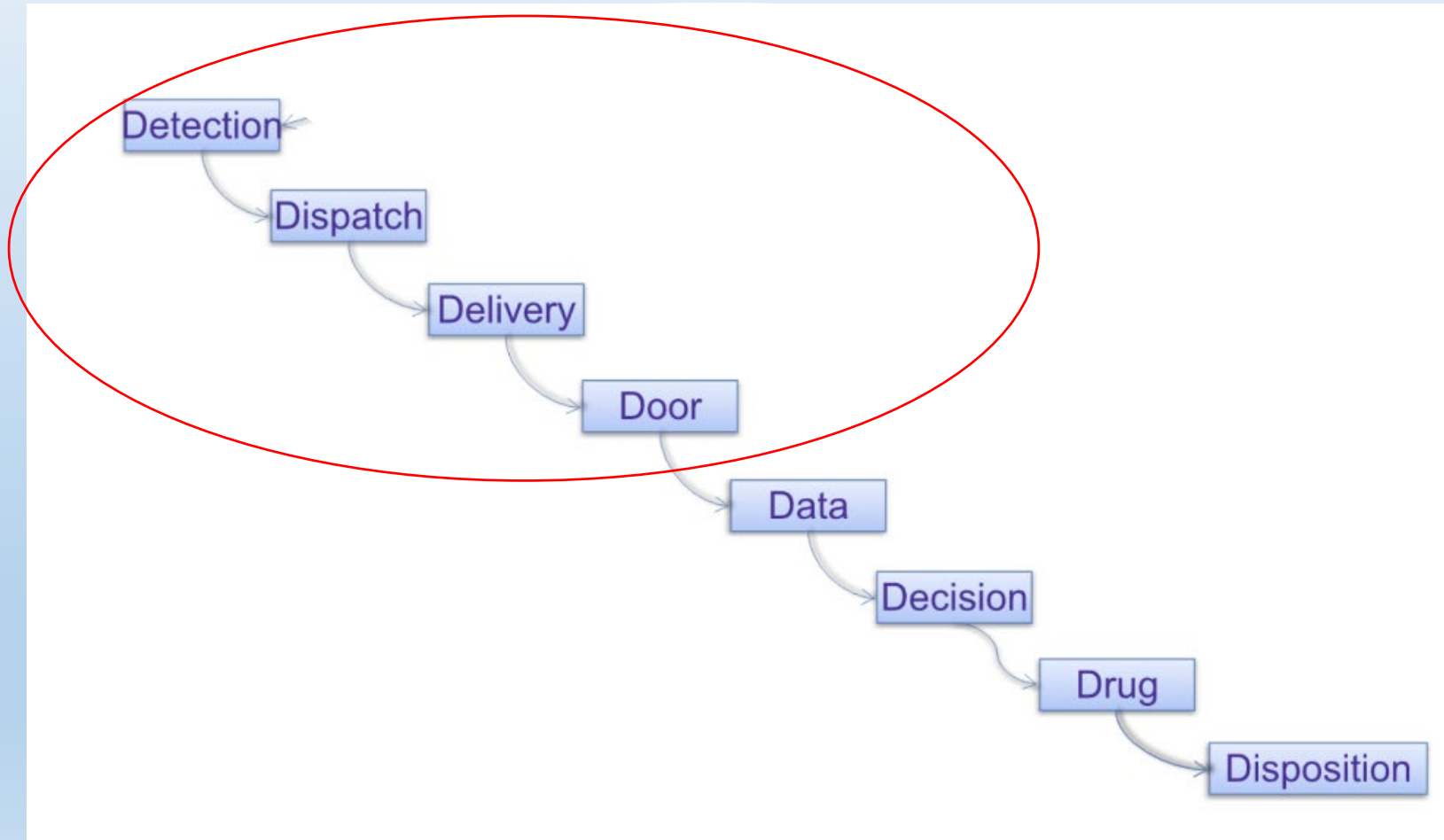


- Relation of stroke onset to IV tPA and excellent functional outcome



- Relation of stroke onset to groin puncture and less disability for endovascular therapy

# Stroke Chain of Survival



# Delays: Community-level and Patient-level



## Minor/atypical symptoms & transient ischemic attack (TIA)

- 3,668 participants who reported a physician diagnosis of stroke/TIA in a US population based study → only 59% sought medical care initially

Howard VJ et al. *Ann Neurology*. 2008

- “Non-consensus” or atypical TIA were less likely to seek medical attention on the day of the event

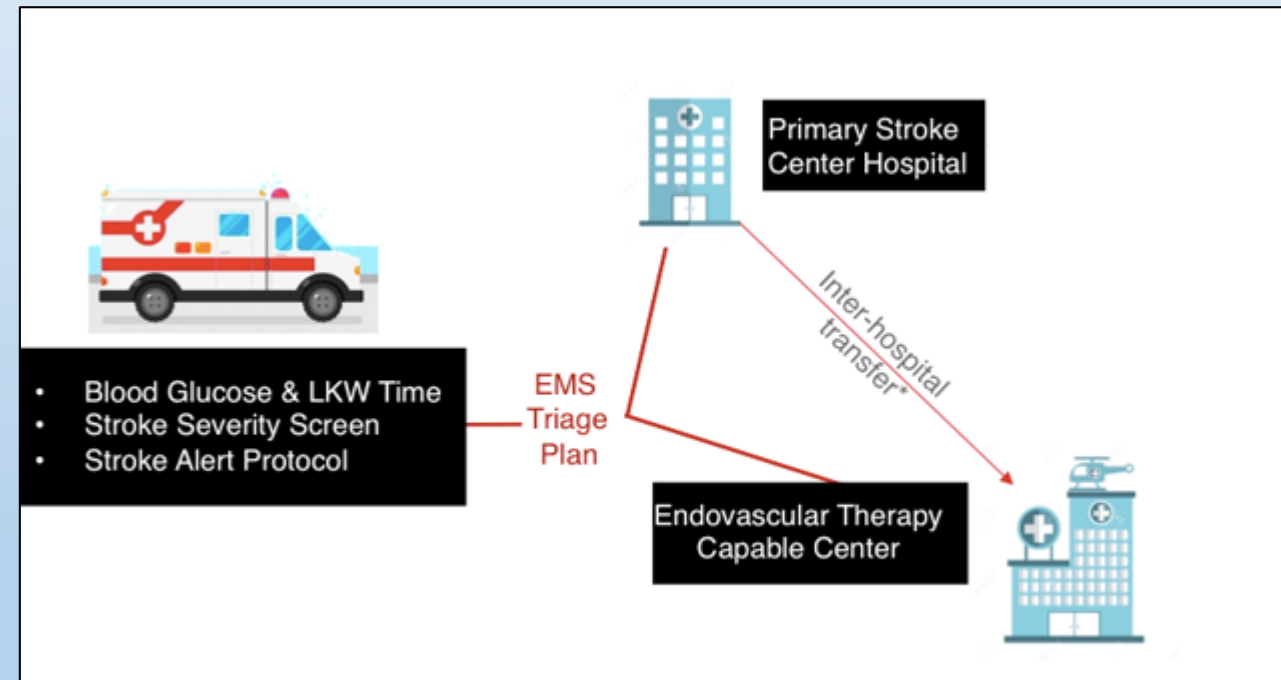
Tuna MA et al. *Lancet*. 2021

- Among patients with TIA and minor stroke, correct perception of initial symptoms significantly declined after the FAST campaign (from 37.3% to 27.6%) in UK

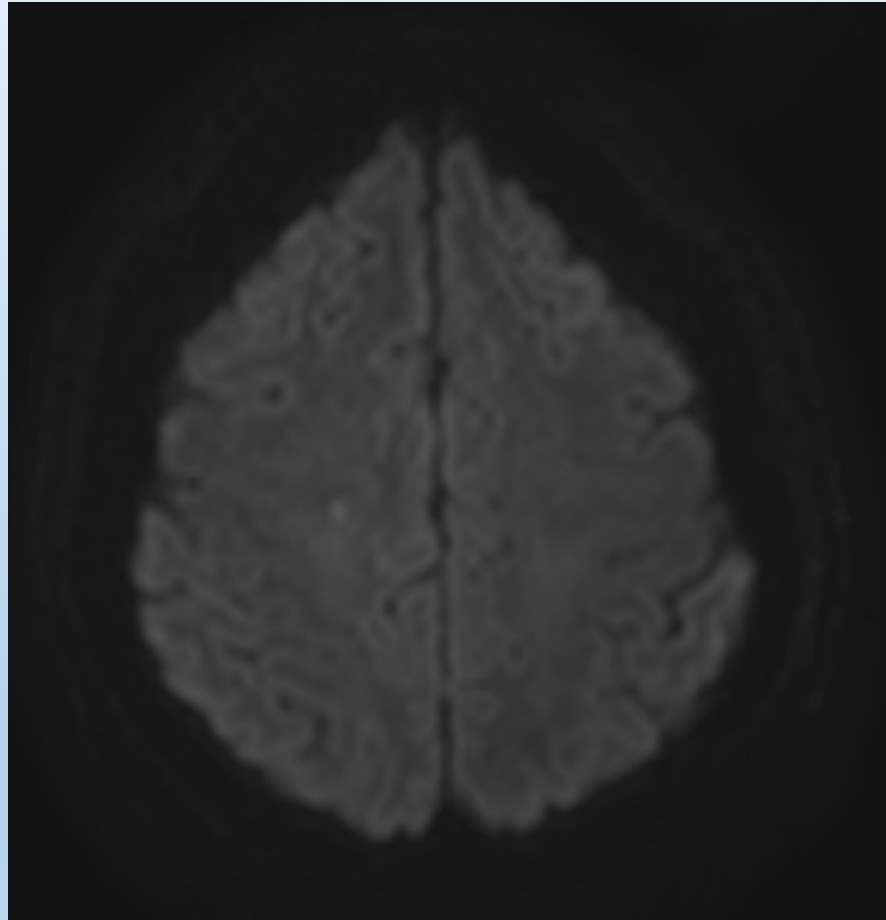
Wolters et al. *JAMA Neuro*. 2018

# Delays: Dispatch to (the right) Door

- Dispatcher stroke detection is variable
  - Positive predictive value 42-68%
- Emergency medical services ability to detect stroke and/or large vessel occlusion is also highly variable
- Key caveat: only 59% of strokes use EMS



# Wide spectrum of cerebrovascular disease



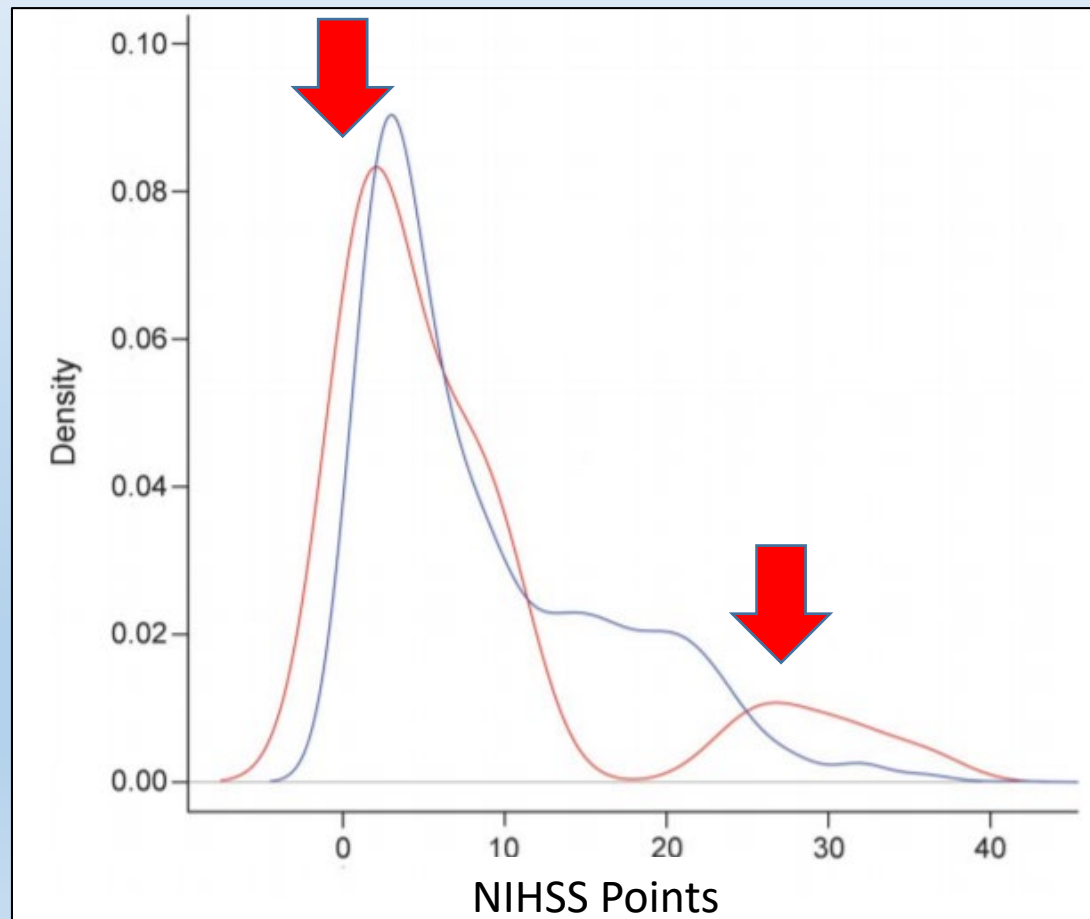
Small infarct



Devastating large hemorrhages

Transient events

# Stroke misdiagnosis (false-negatives) occur at both ends of the clinical spectrum



**Rate of ED false-negatives**  
- Approximately 8.7%

# Delicate balance in the acute stroke setting

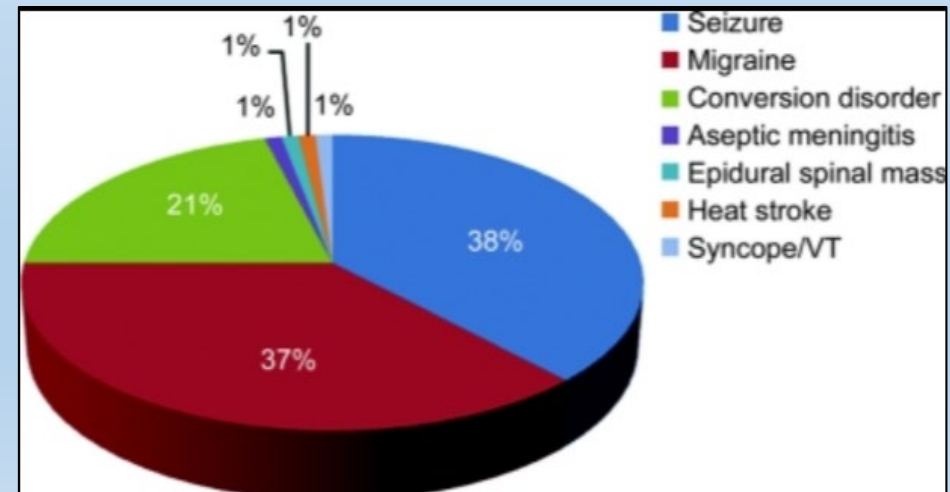
## Swift or sure?

The acceptable rate of neurovascular mimics among IV tPA-treated patients

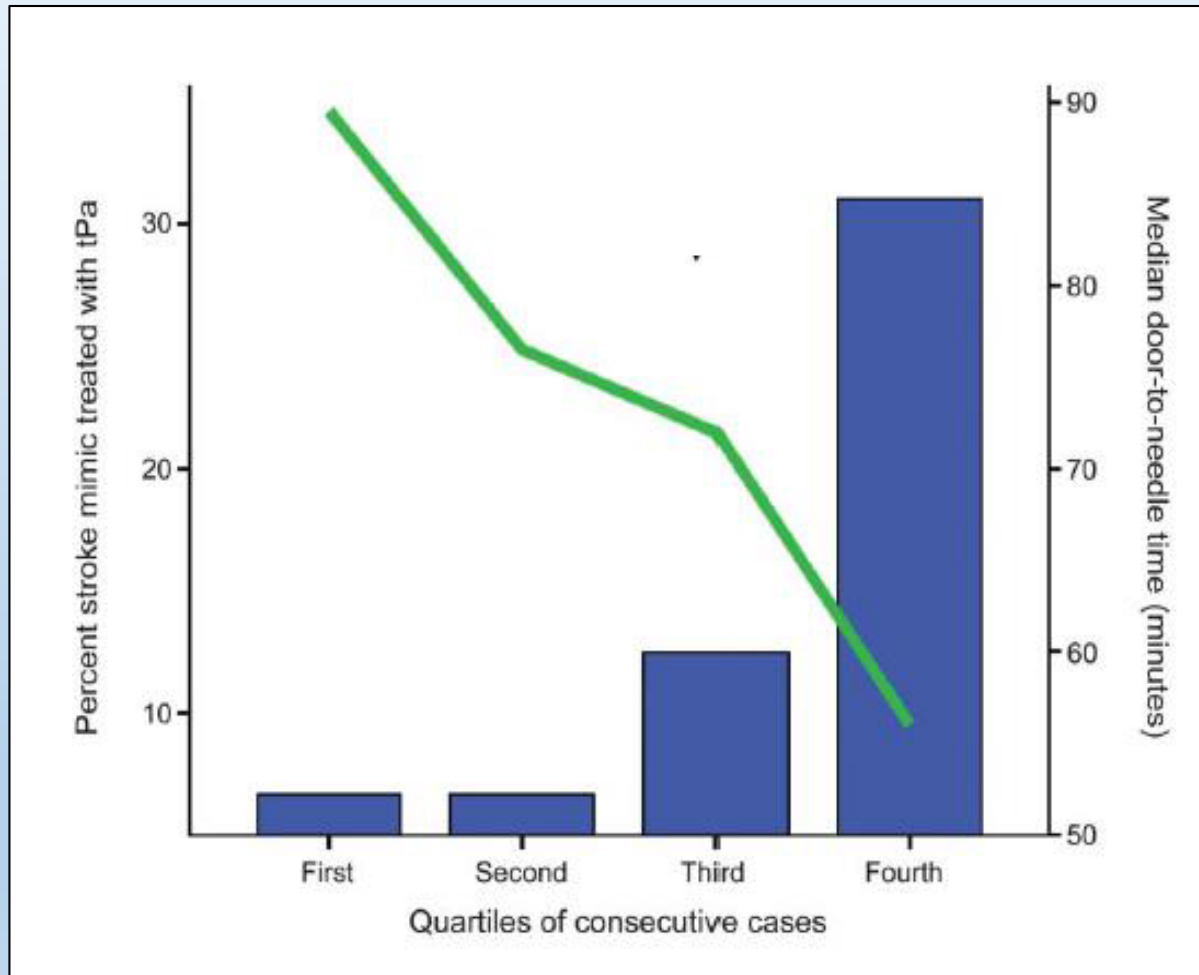


Minutes matter in acute brain ischemia. Actions taken in the critical first moments after hospital presentation shape the course of patients' lives for the remainder of their years. Once the infarct is completed, reperfusion therapy is futile. Therapy long delayed is therapy denied. However, conditions that mimic acute cerebral ischemia are not uncommon, and thrombolytic therapy carries potential risk. The stroke physician must balance the clinical principles of *primum non tardare* and *primum non nocere*,<sup>1</sup> the need for speed and the need for accuracy.

## Conditions that mimic stroke



# Stroke mimics (false-positives)



Liberman, AL et al. *Neurol Clin Pract.* 2015

## Misdiagnosis related harms

- Among treated stroke mimics, low risk of hemorrhagic complications (0.5%) and angioedema (0.3%)
- Failure/delayed diagnosis of true underlying condition
- Costs to the healthcare system

## Rate of ED false-positives

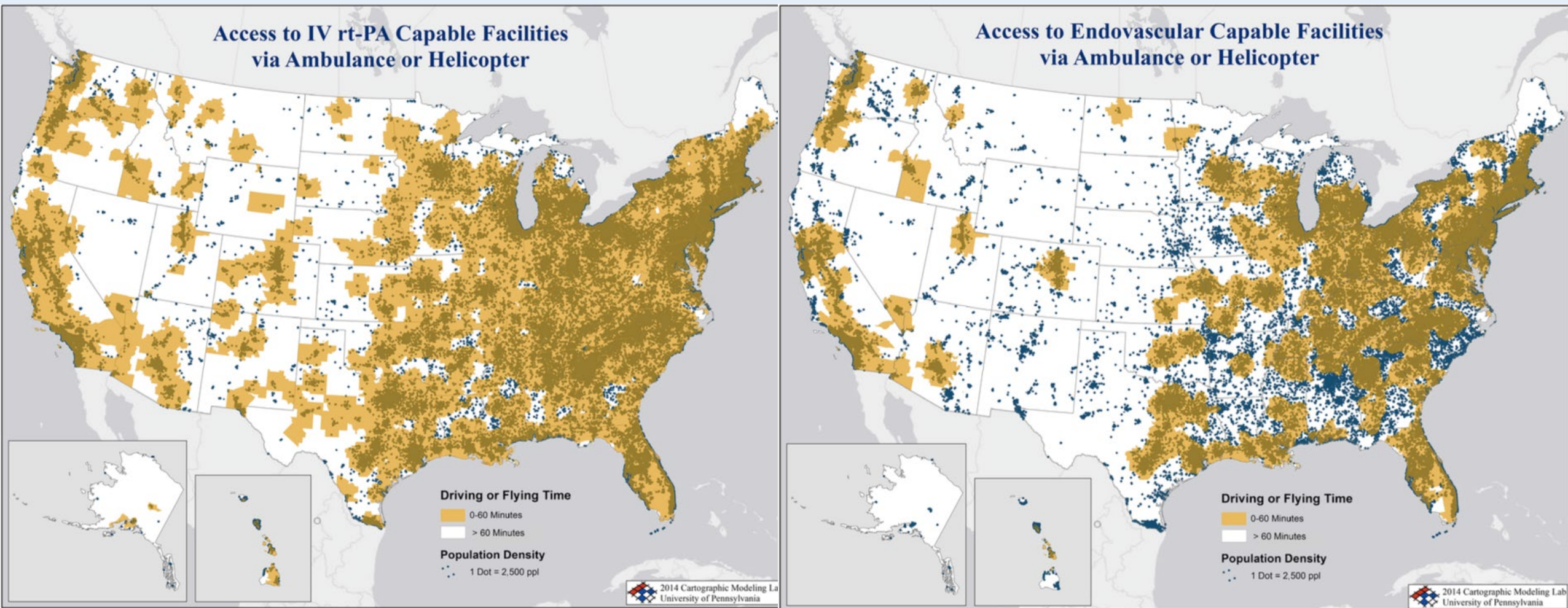
- Approximately 7.3%

Tsivgoilis G et al. *Stroke.* 2015  
Tarnutzer AA et al, *Neurology.* 2017

# Future directions

- Diagnosis at earlier steps in the stroke chain of survival
  - Improving community and patient detection
- Tools at the door for diagnosis
- Appreciating the clinical spectrum of stroke
- Adaptable interventions

# Acute Stroke Local and Regional Factors



- No one size fits all model will work

Thank you!