

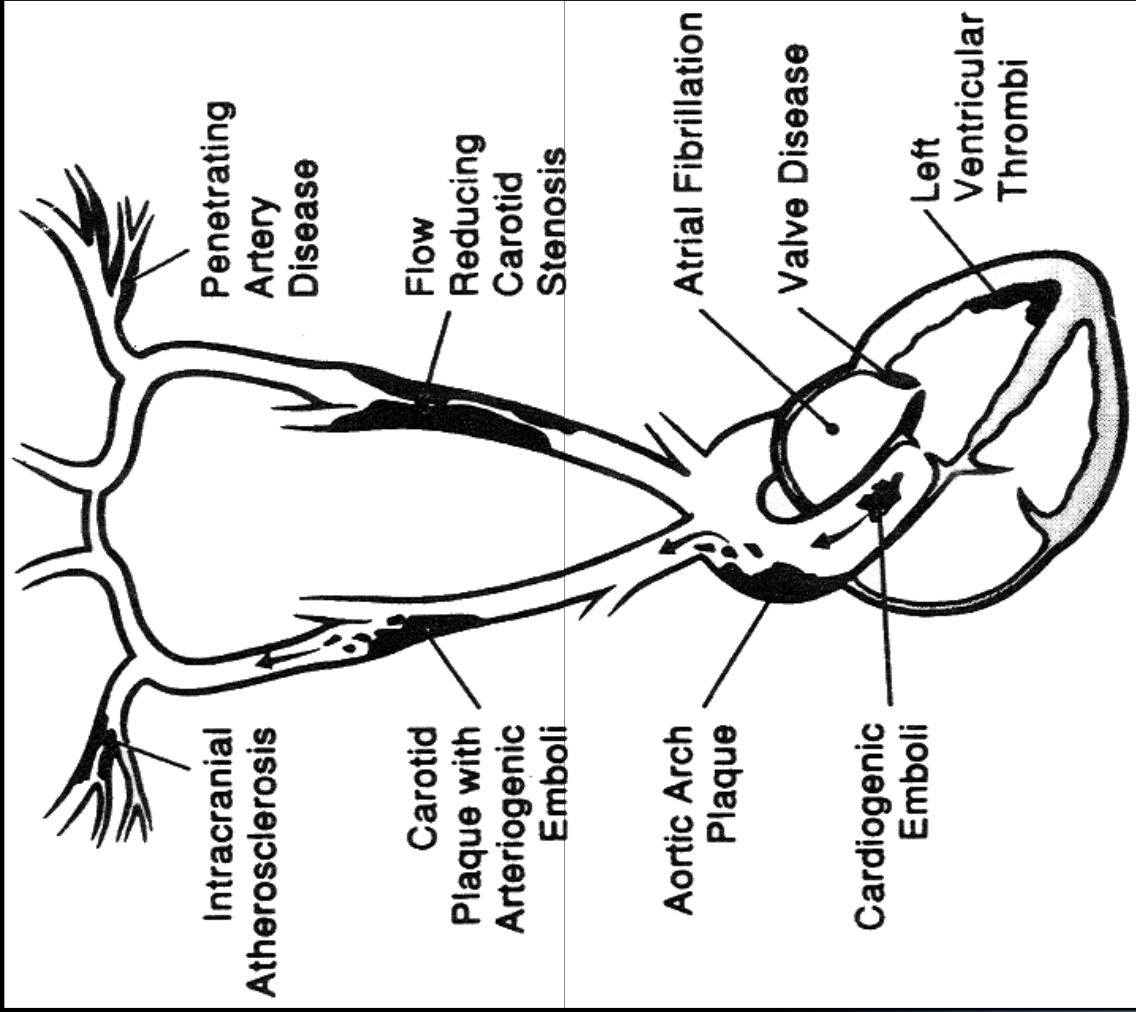
Subtipos etiológicos de ACV isquémico

Javier Moschini

Médico Neurólogo

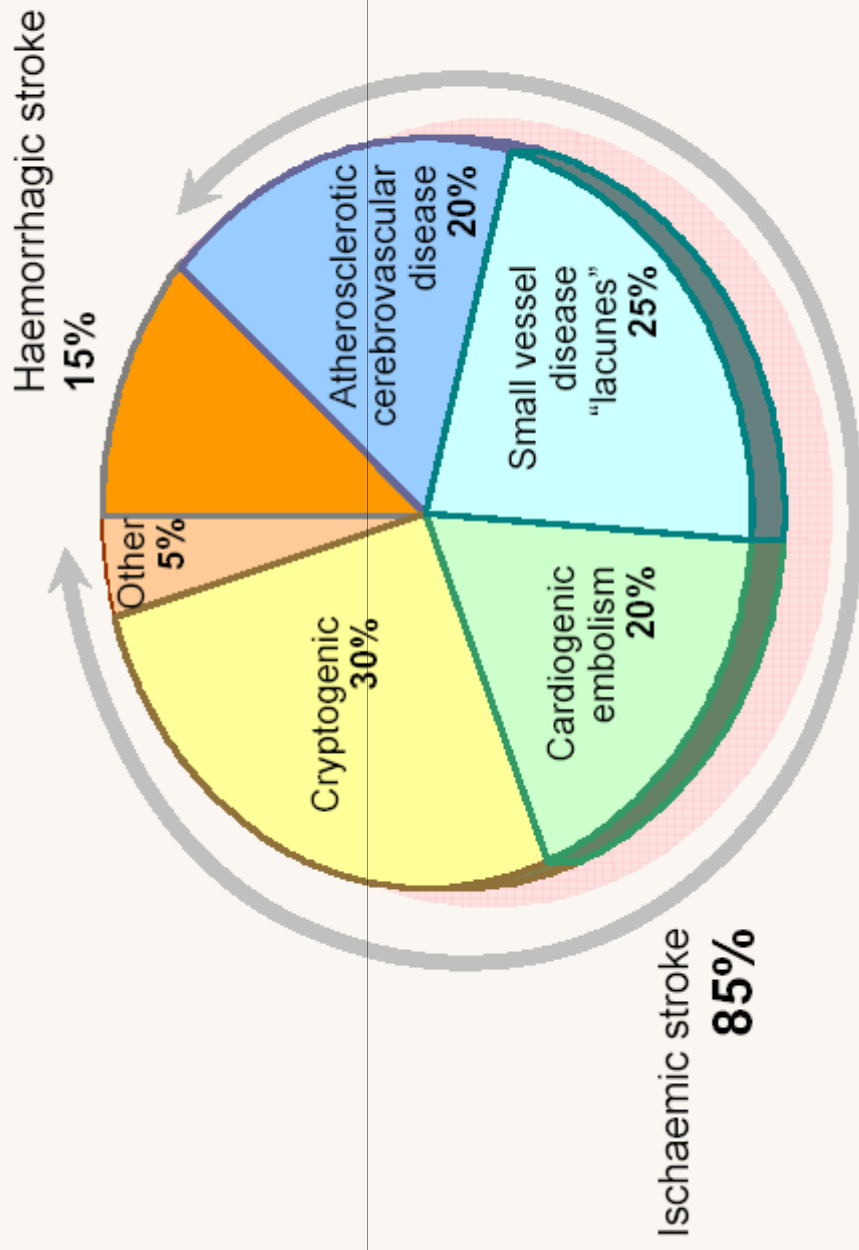
Centro de ACV, Instituto de Neurociencias

Hospital Universitario de la Fundación Favaloro





Stroke Subtypes and Incidence



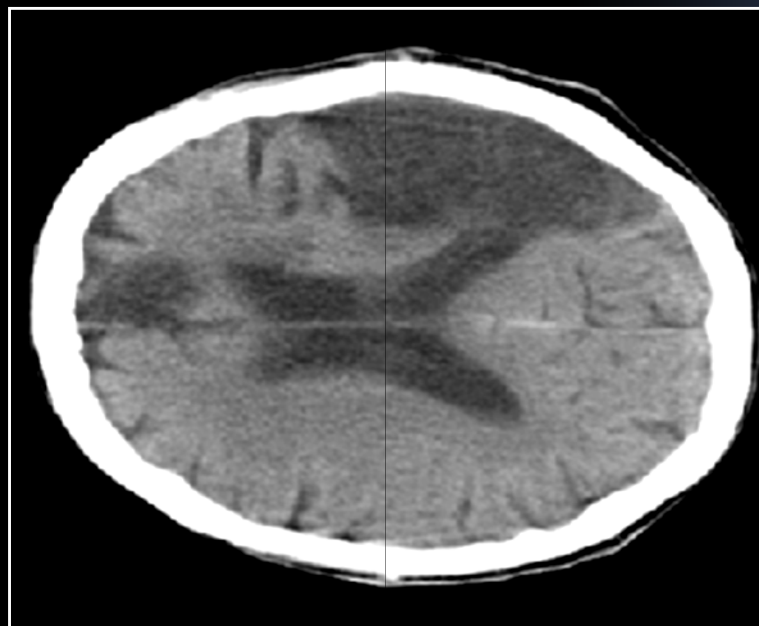
Clasificación TOAST

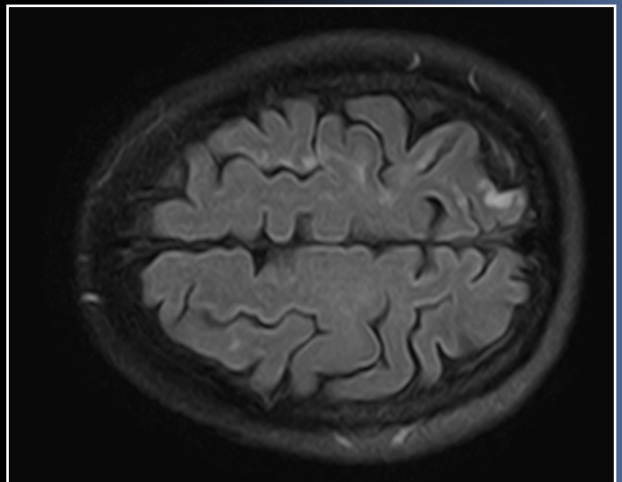
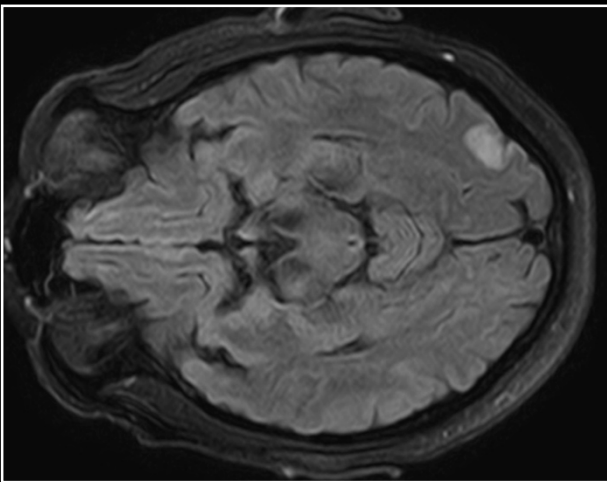
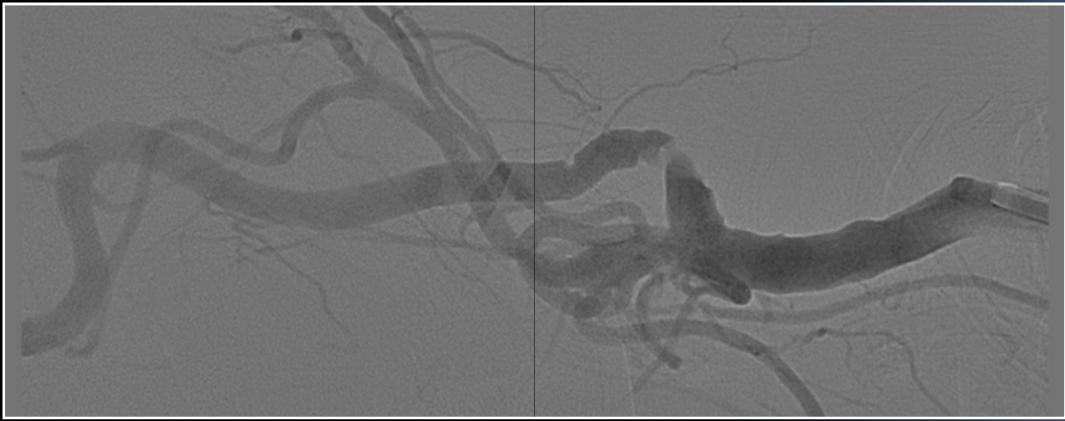
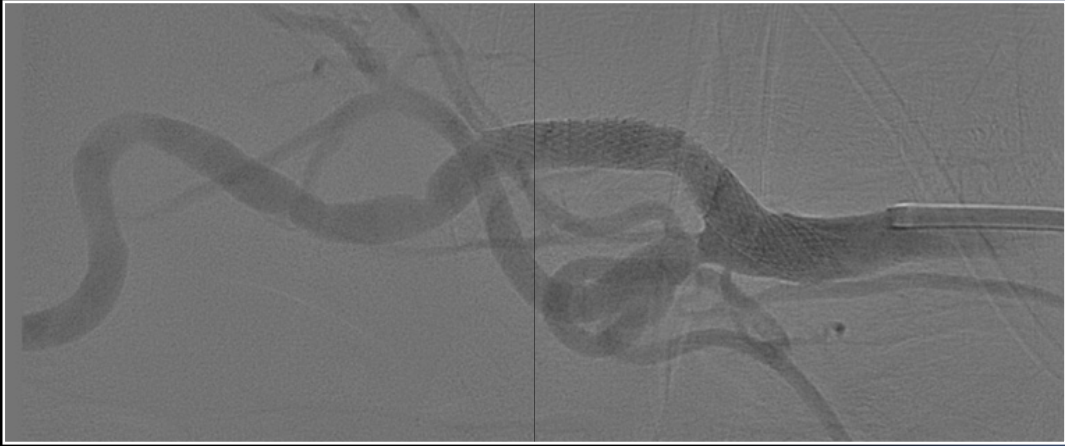
- 1) Aterosclerosis de grandes arterias.**
- 2) Cardioembolia.**
- 3) Oclusión de pequeños vasos (lagunas).**
- 4) ACV de otra etiología determinada.**
- 5) ACV de etiología indeterminada.**

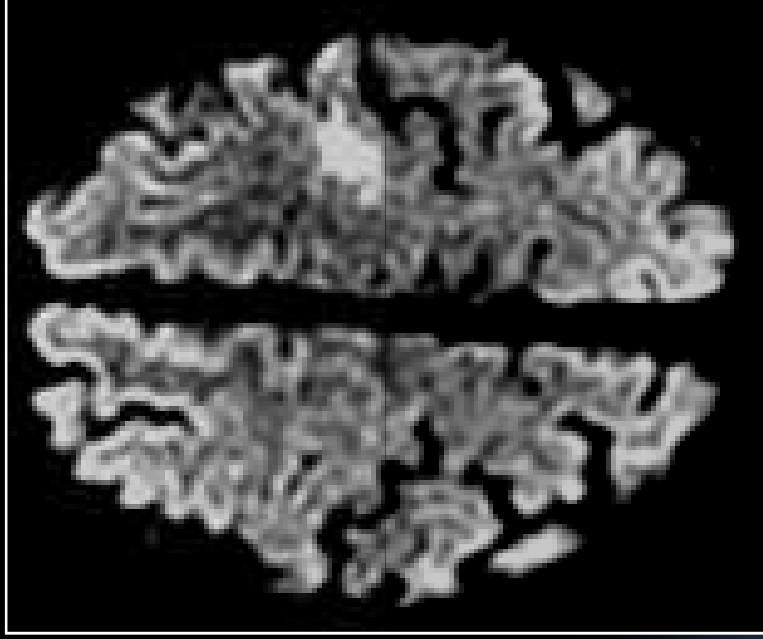
- **Datos clínicos.**
- **Imágenes cerebrales: TC, RM.**
- **Estudios cardíacos: ECG, ETT, ETE.**
- **Estudios arteriales: Doppler, ARM, ATC, ASD.**
- **Laboratorio.**

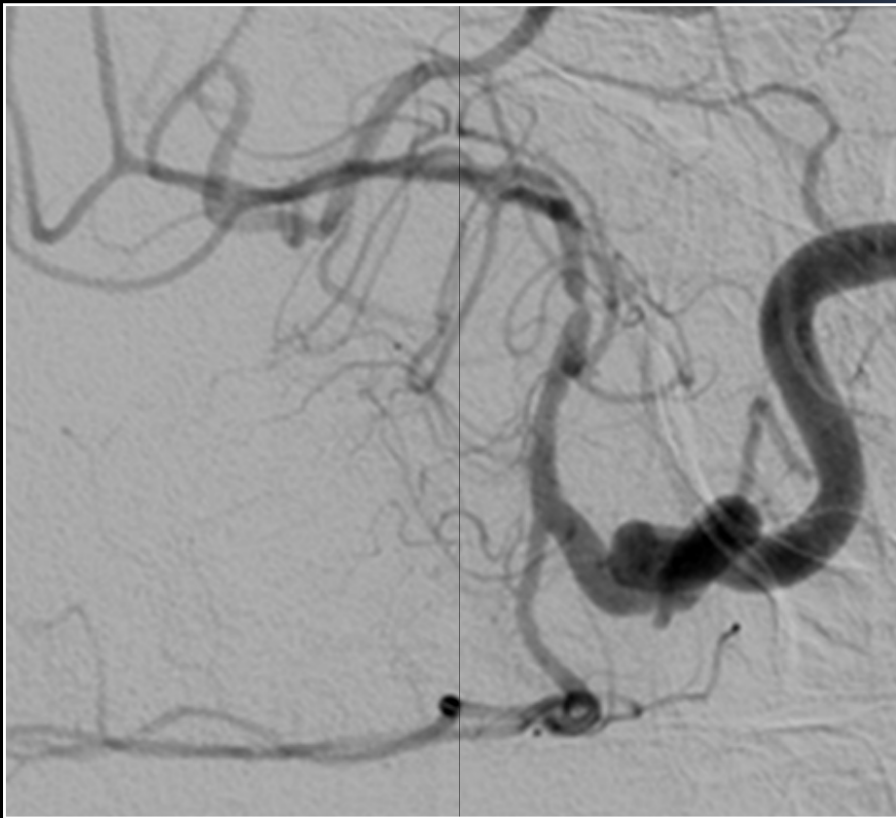
ATEROSCLEROSIS DE GRANDES ARTERIAS

- **Déficit clínico focal de corteza cerebral o cerebelo o tronco encefálico.**
- **Antecedente de ACV o AIT en el mismo territorio arterial o soplo carotídeo.**
- **Imágenes cerebrales: infarto de corteza cerebral o cerebelo o tronco encefálico o hemisférico subcortical > 15 mm.**
- **Imágenes arteriales: estenosis > 50 % de una arteria extracraneal o intracraneal proximal anatómicamente apropiada a los síntomas y signos clínicos.**
- **Estudios cardíacos: exclusión de fuentes cardíacas de embolia.**









14-08-2007



Tiempo-mascara:

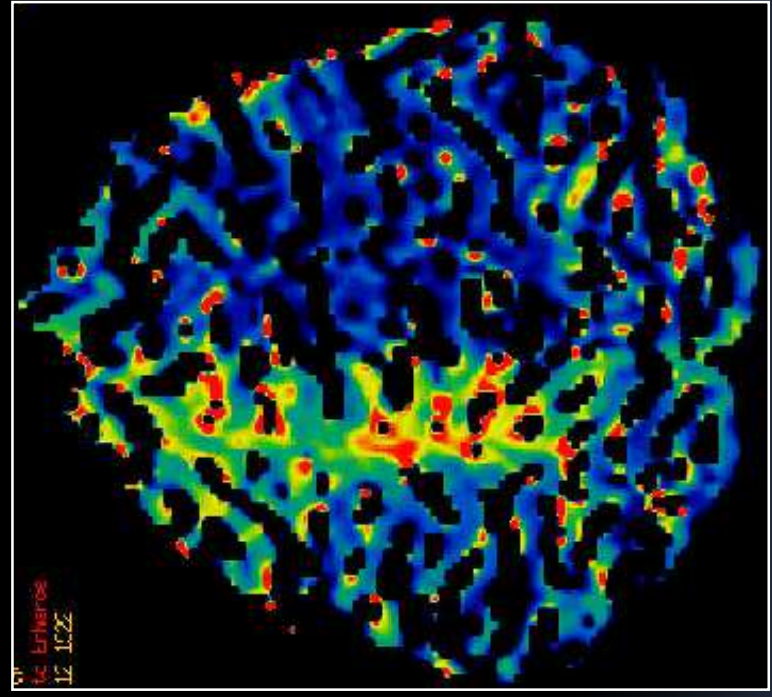
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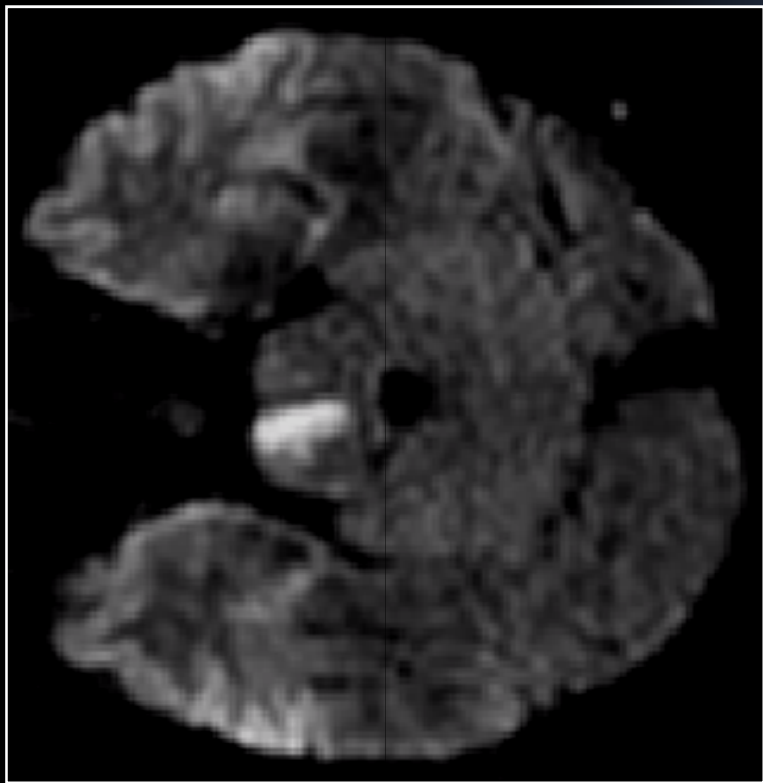
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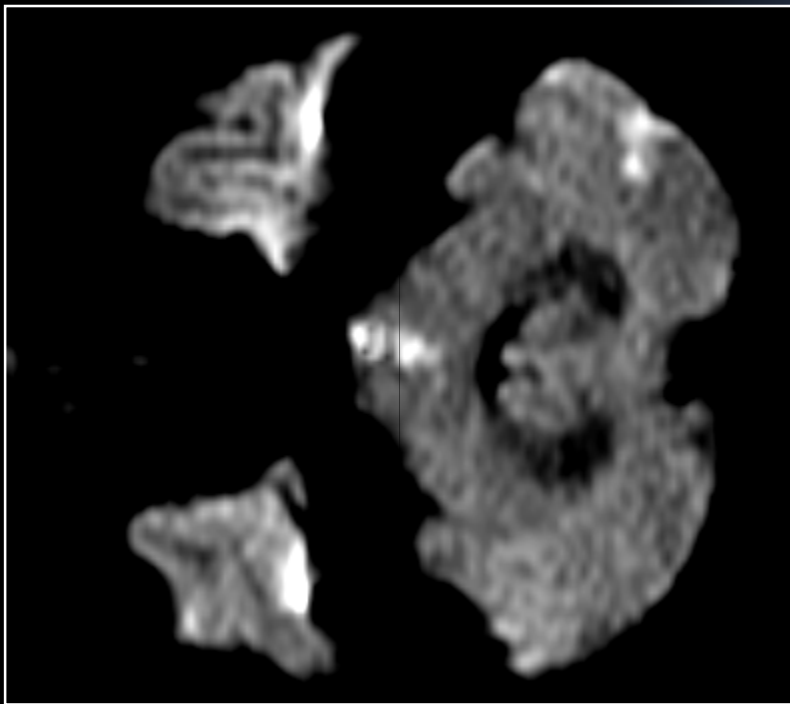
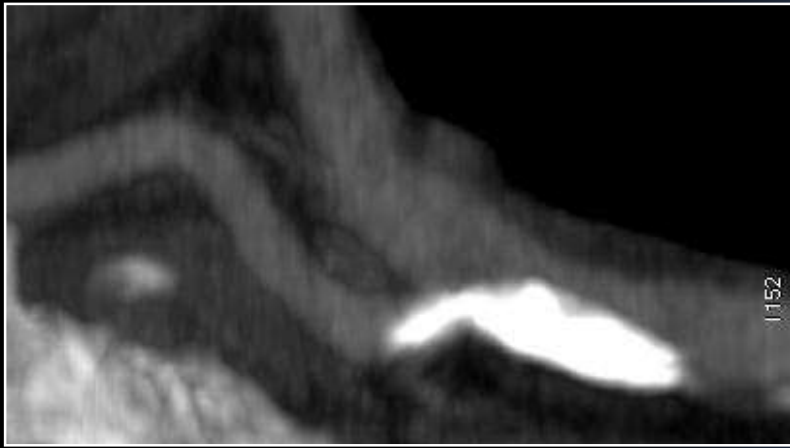
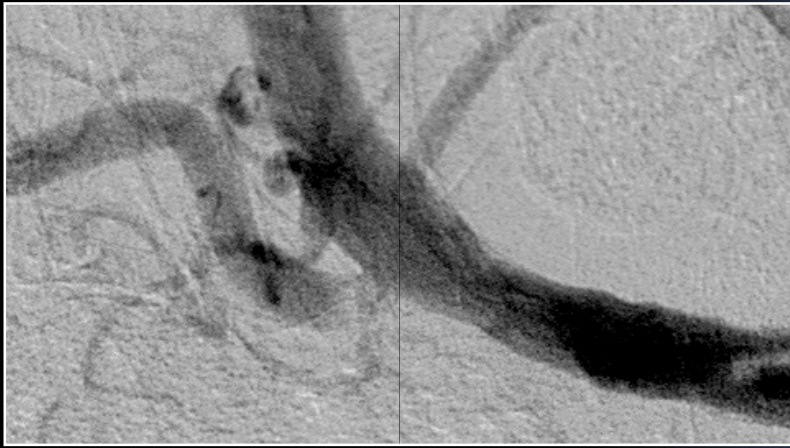
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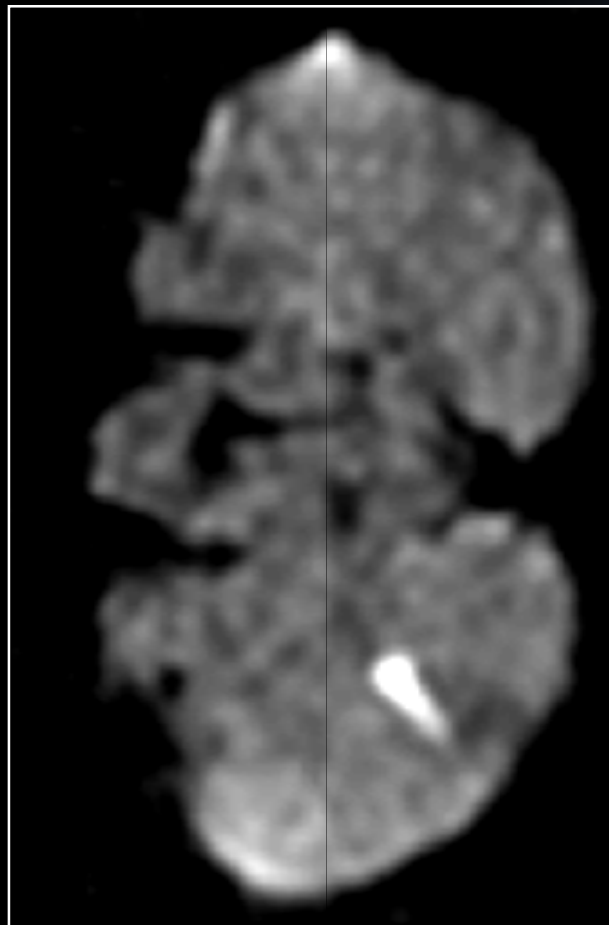
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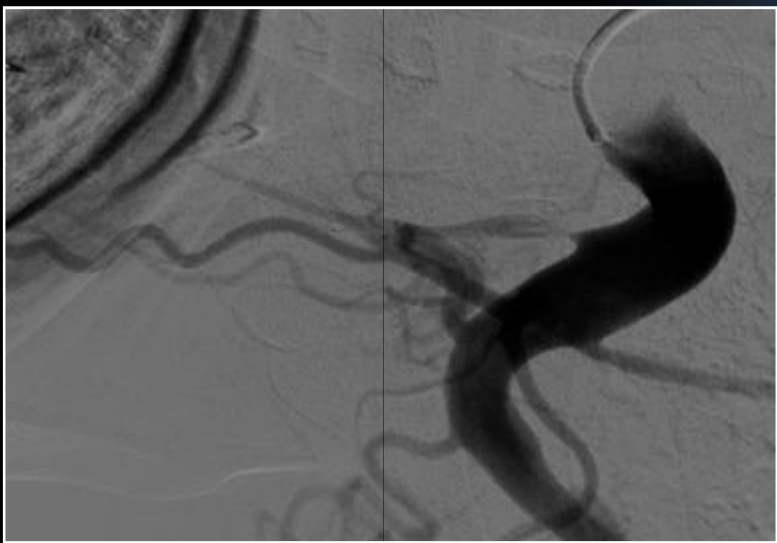
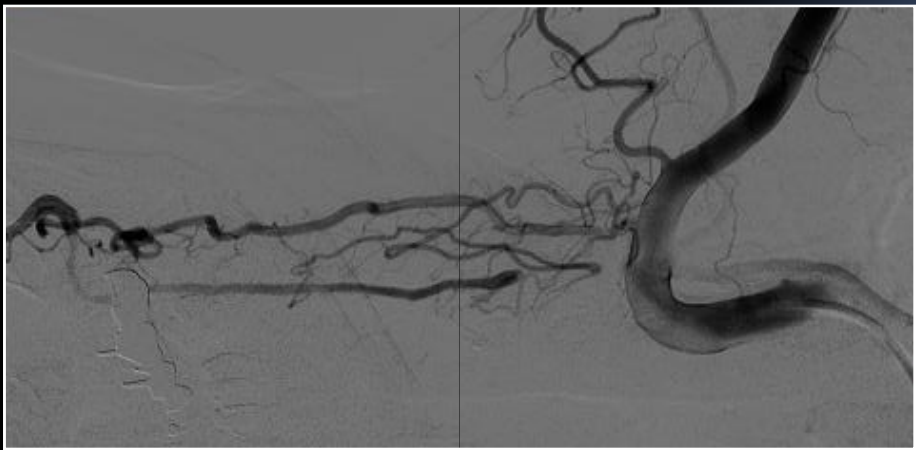
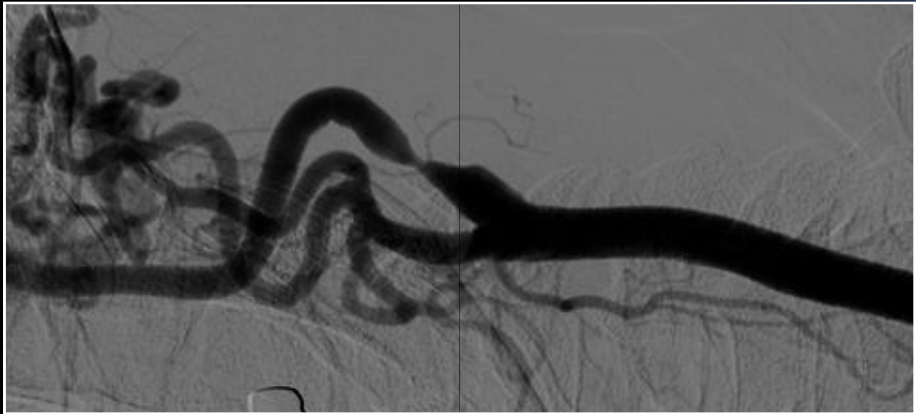
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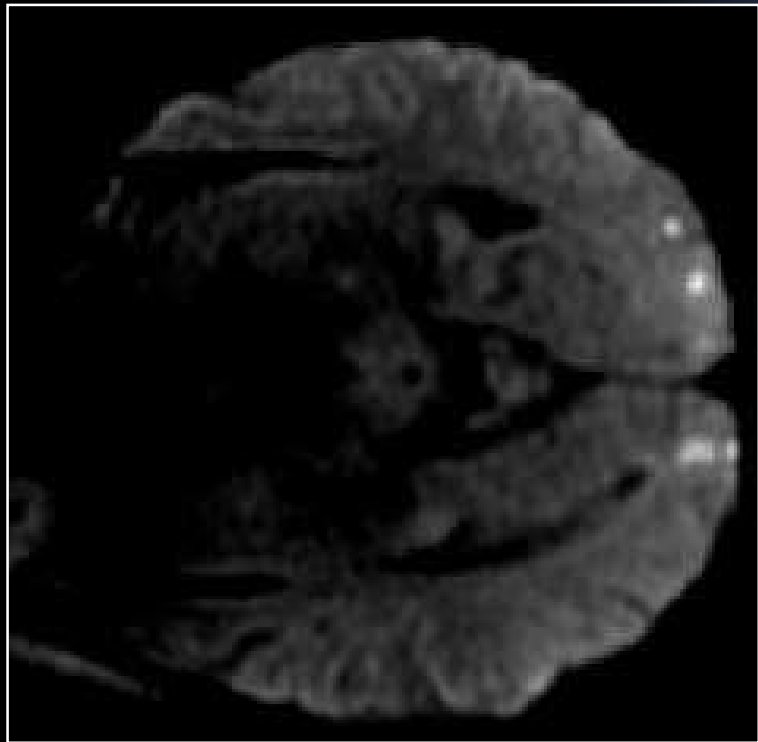


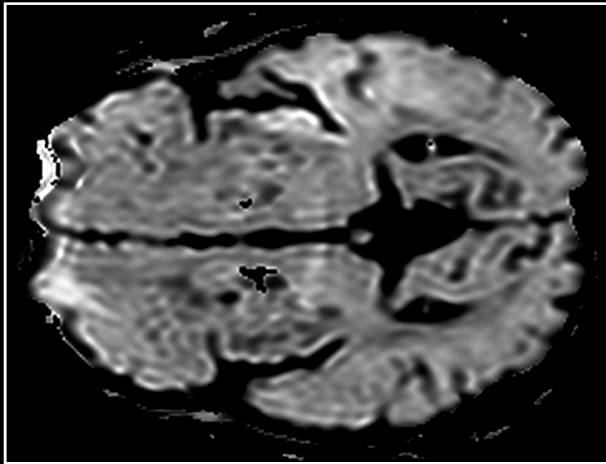
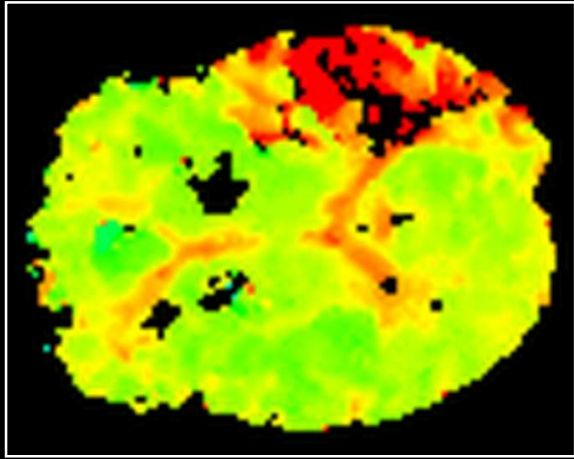


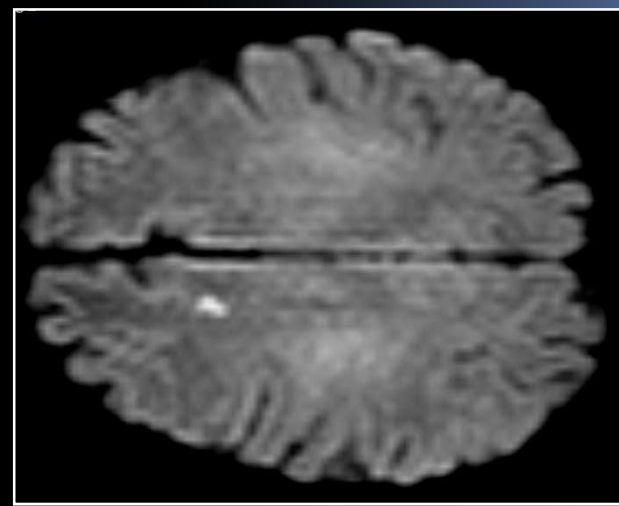
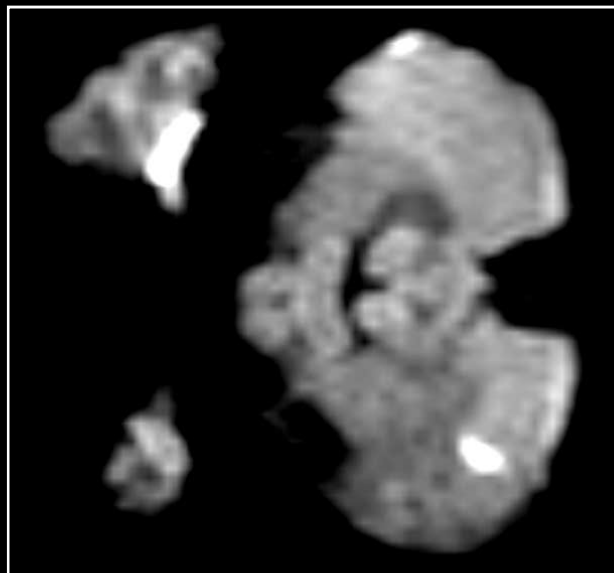
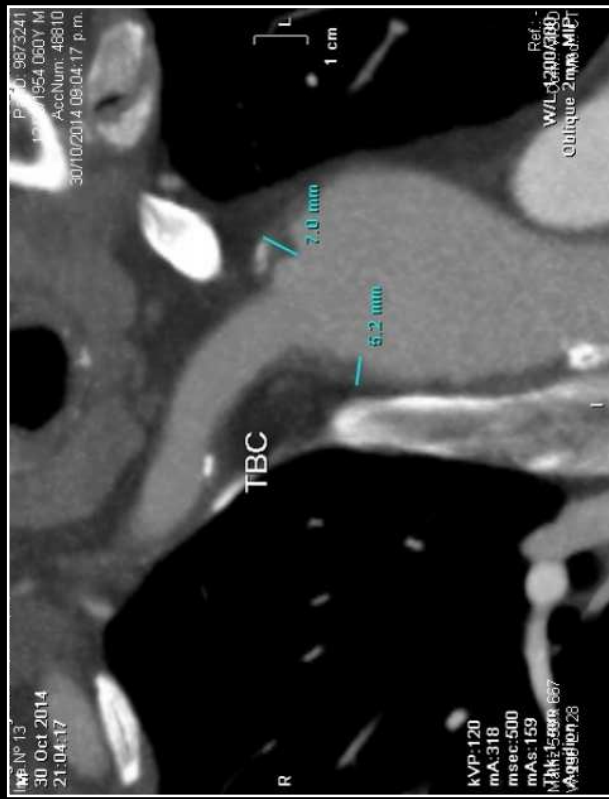












CARDIOEMBOLIA

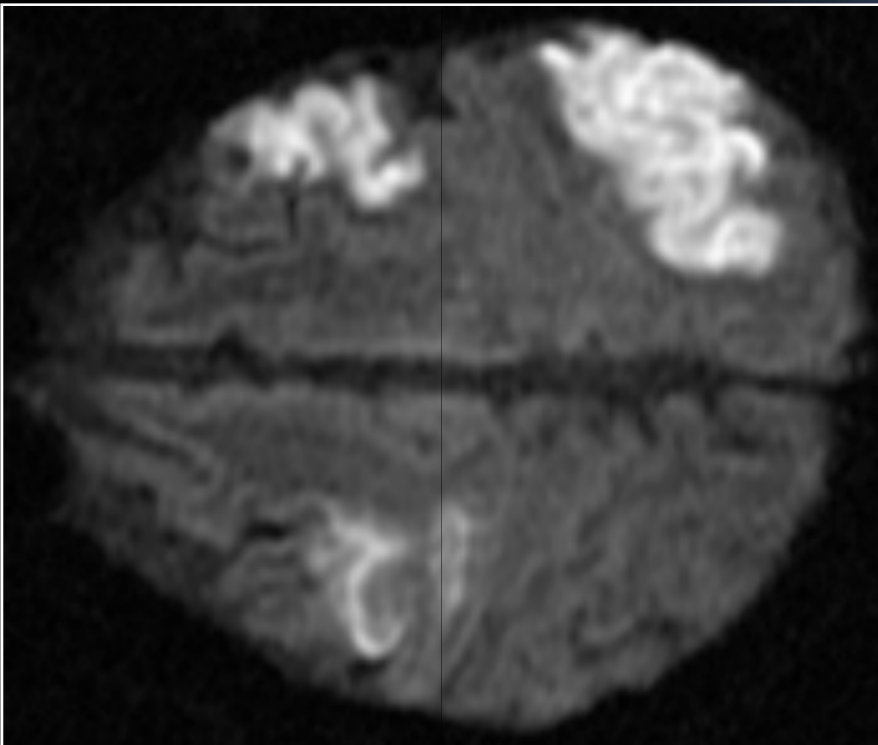
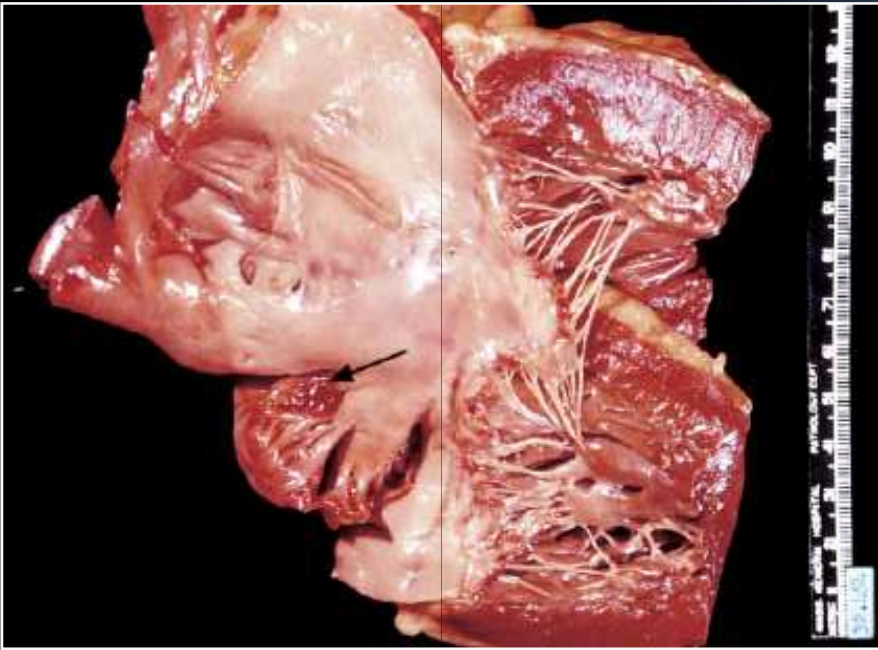
- **Déficit clínico focal de corteza cerebral o cerebelo o tronco encefálico.**
- **Antecedente de cardiopatías embolígenas.**
- **Antecedente de ACV o AIT en diferentes territorios arteriales o embolismo sistémico.**
- **Imágenes cerebrales: infarto de corteza cerebral o cerebelo o tronco encefálico o hemisférico subcortical > 15 mm.**
- **Estudios cardíacos: demostración de fuentes cardíaca de embolia.**
- **Estudios arteriales: exclusión de aterosclerosis de grandes arterias.**

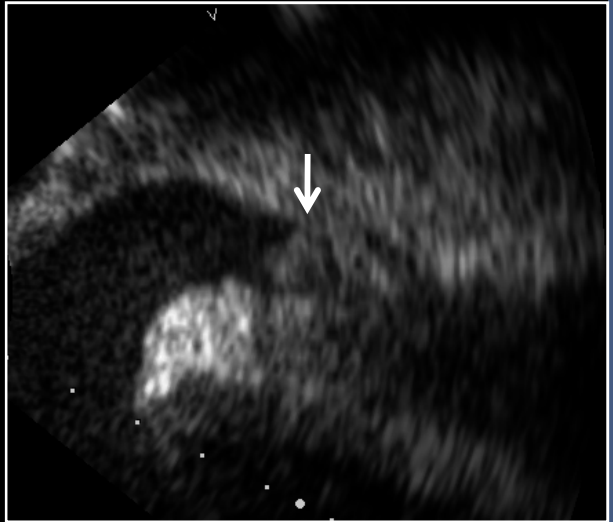
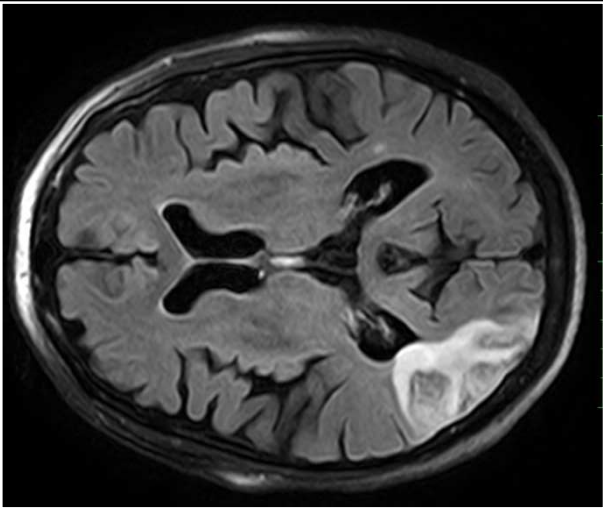
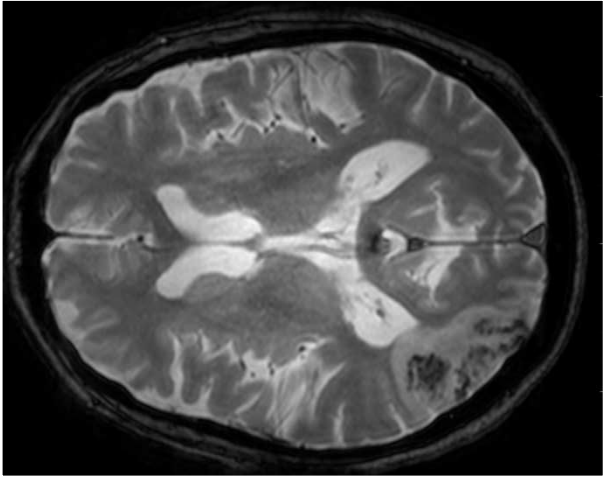
Cardiopatías embolígenas de alto riesgo:

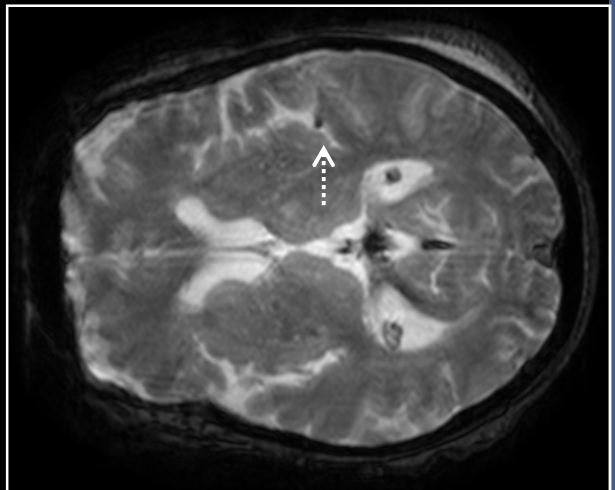
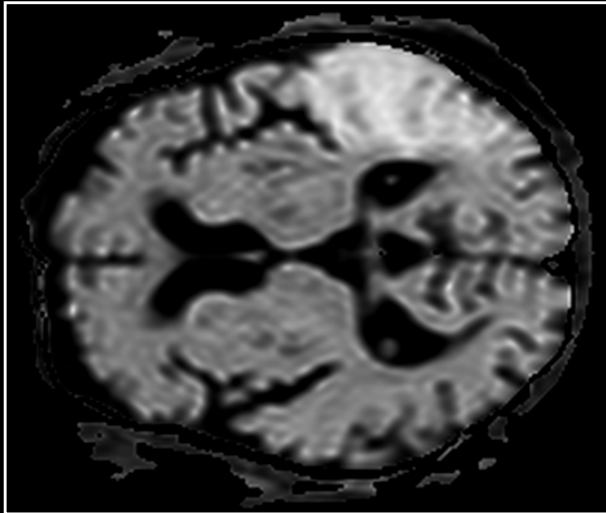
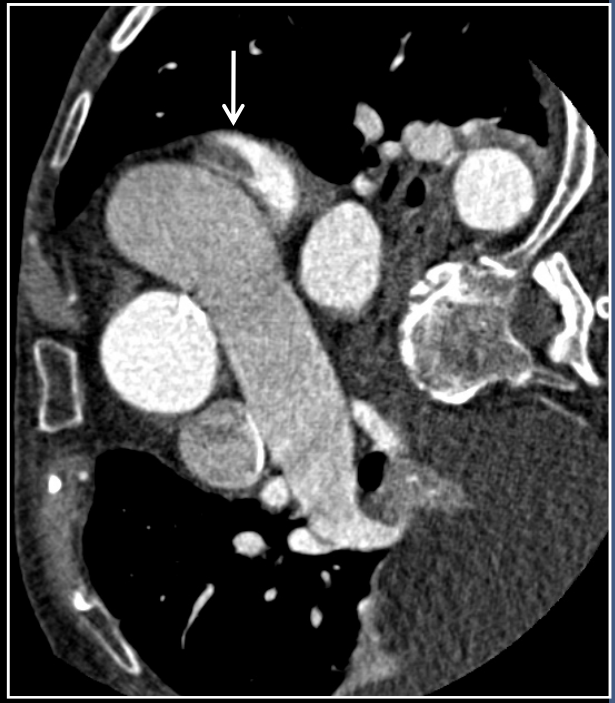
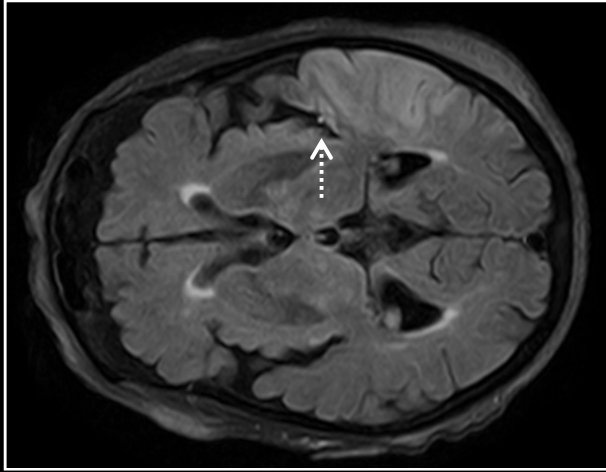
- 1. Fibrilación auricular.**
- 2. Aleteo auricular.**
- 3. Trombo de la aurícula u orejuela izquierda.**
- 4. Infarto de miocardio reciente (< 4 semanas).**
- 5. Miocardiopatía dilatada severa.**
- 6. Trombo del ventrículo izquierdo.**
- 7. Estenosis valvular mitral.**
- 8. Prótesis valvular mecánica.**
- 9. Endocarditis infecciosa.**
- 10. Mixoma auricular.**

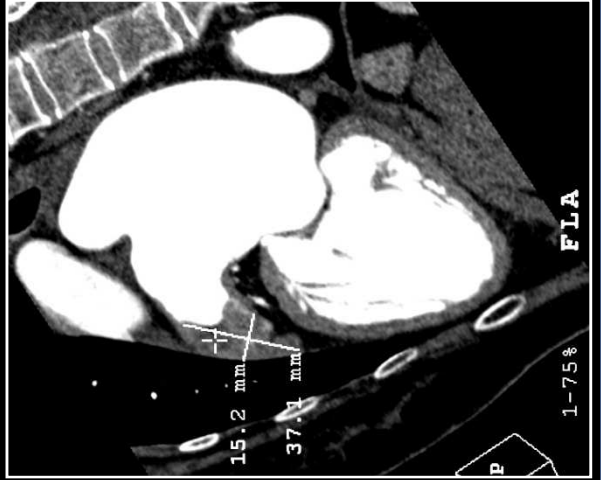
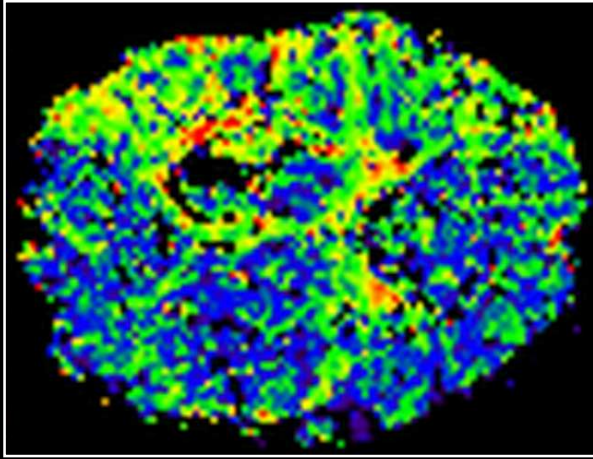
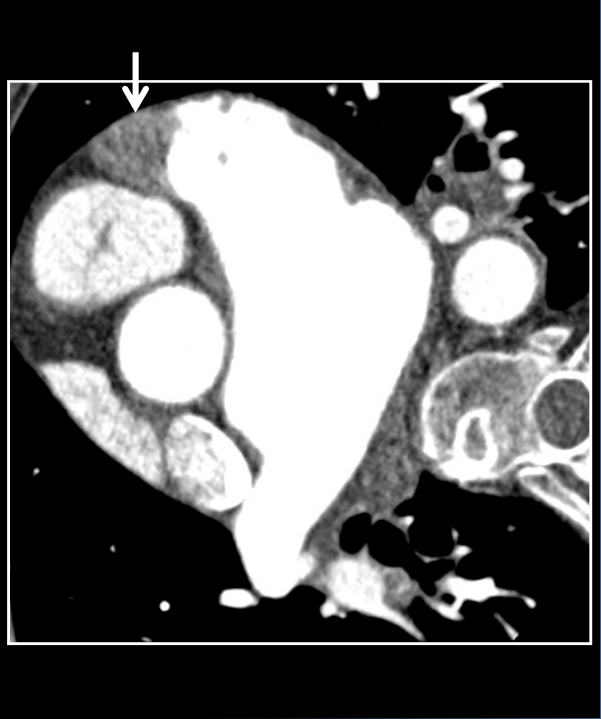
Cardiopatías embolígenas de riesgo medio, menor o incierto.

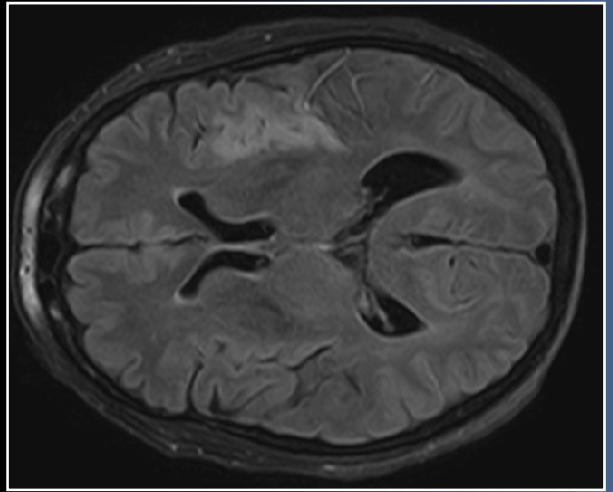
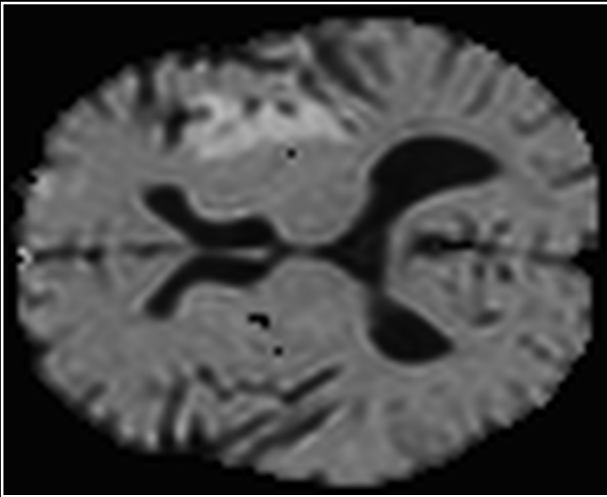
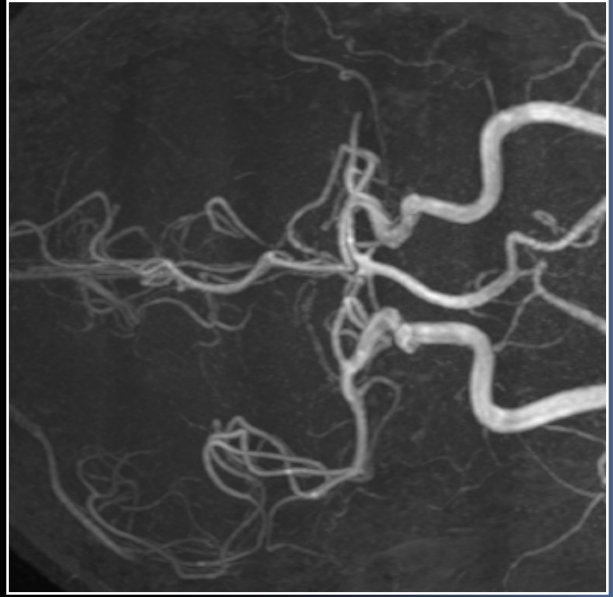
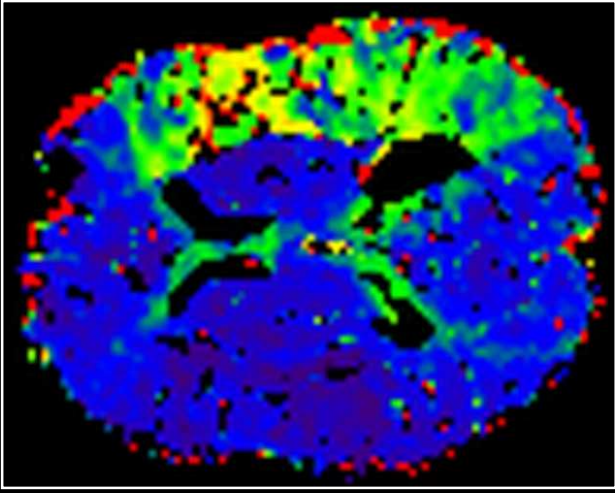
- 1. Foramen oval permeable.**
- 2. Aneurisma del septum auricular.**
- 3. Estasis sanguínea o ecocontraste espontáneo de la aurícula u orejuela izquierda.**
- 4. Disfunción ventricular izquierda sistólica o diastólica moderada (global o regional).**
- 5. Prolapso valvular mitral.**
- 6. Calcificación del anillo mitral.**
- 7. Calcificación valvular aórtica.**
- 8. Estenosis valvular aórtica.**
- 9. Prótesis valvular biológica.**
- 10. Endocarditis marántica.**
- 11. Strands valvulares.**

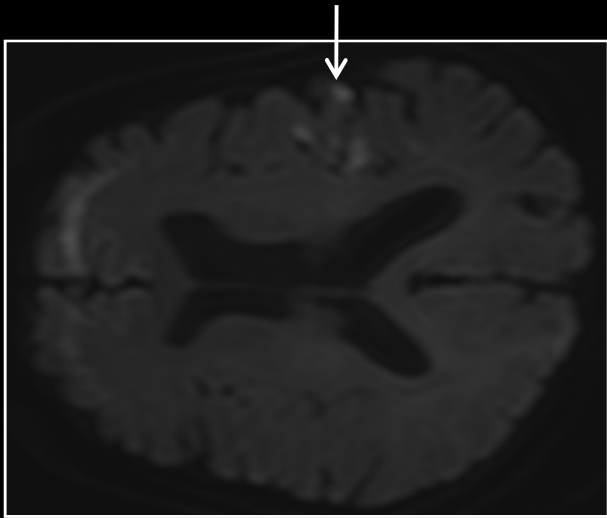
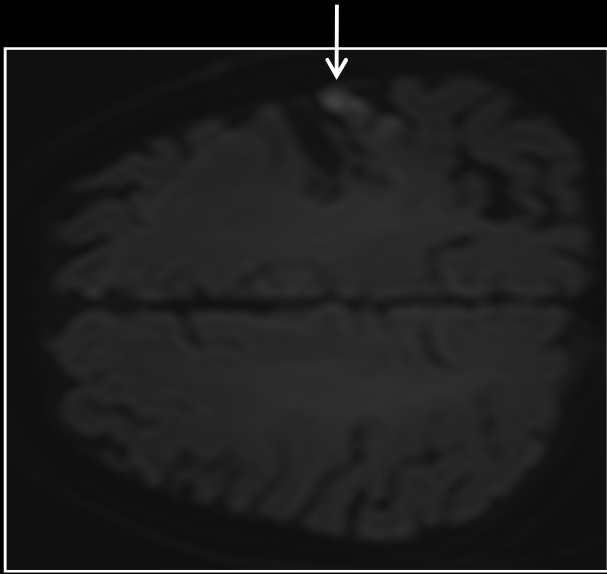


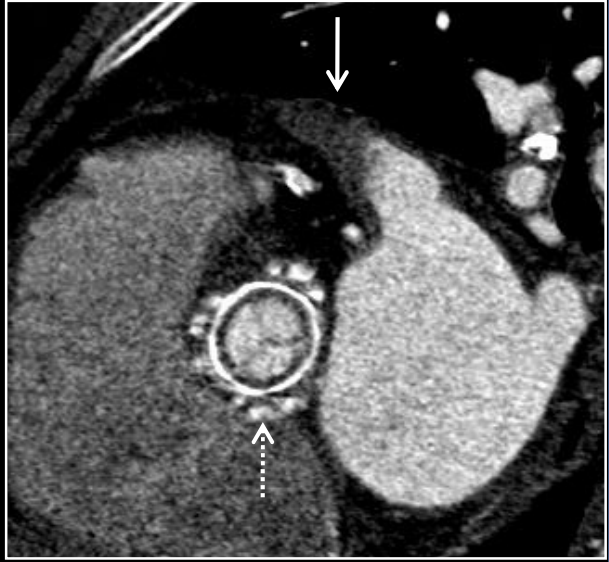
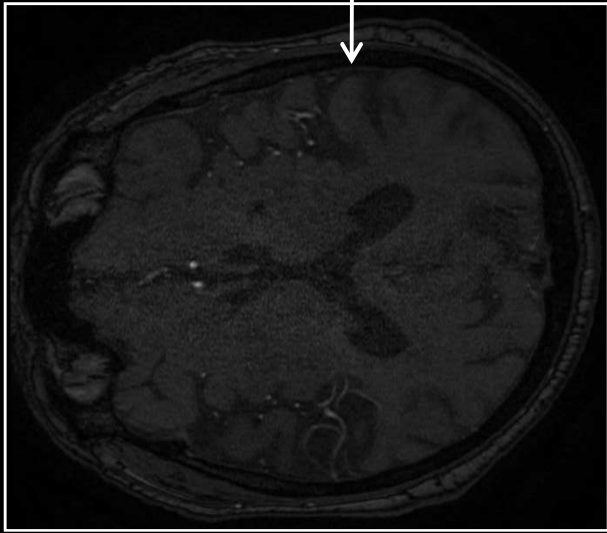
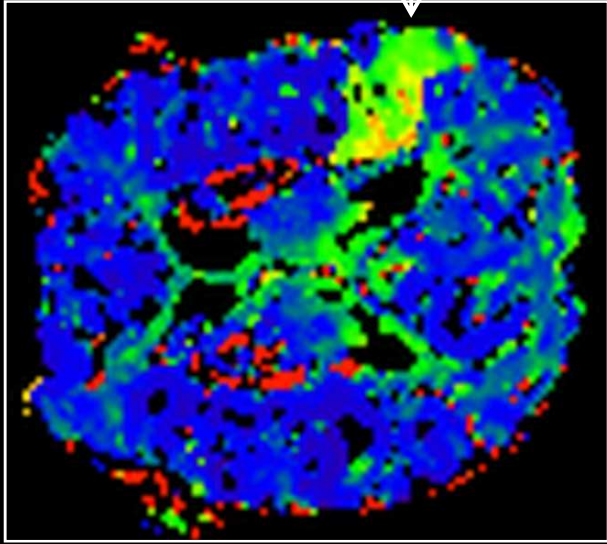


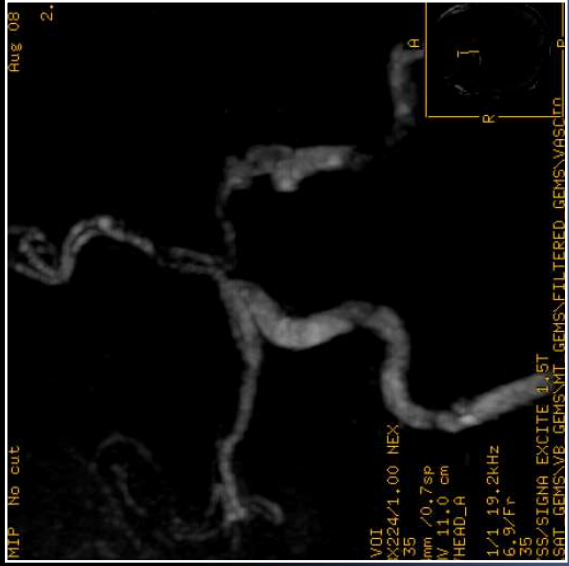
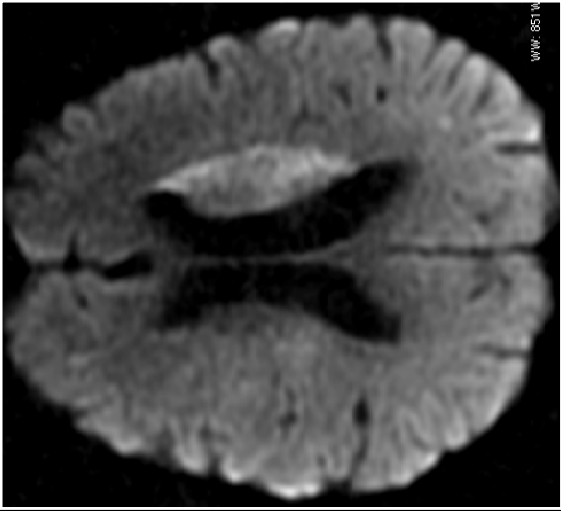
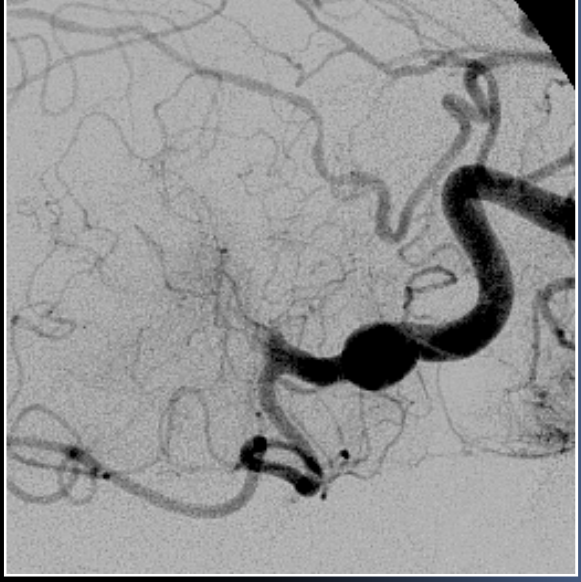
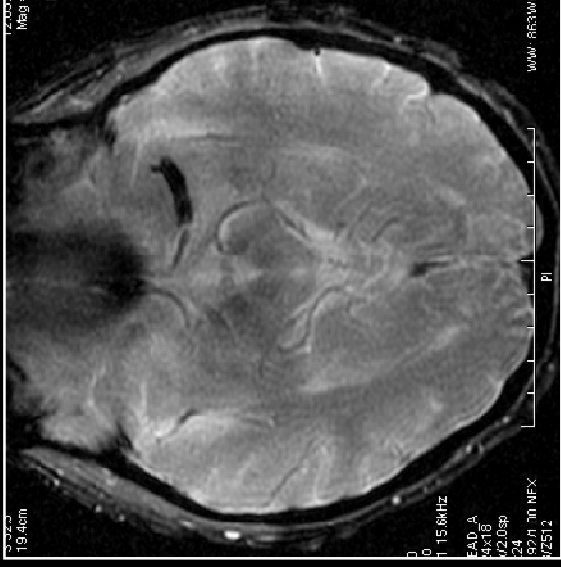


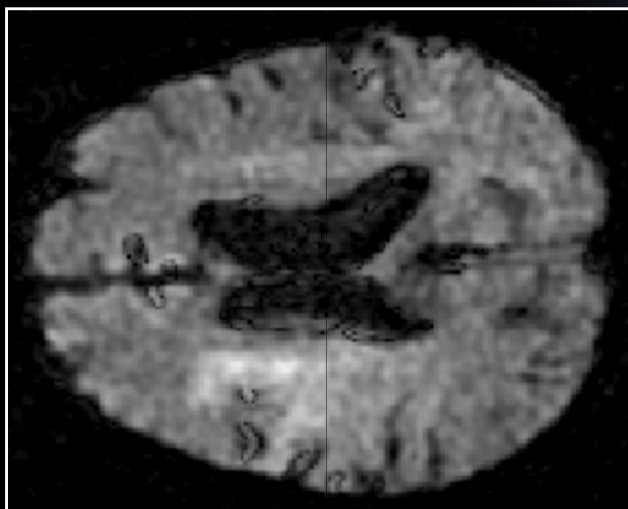
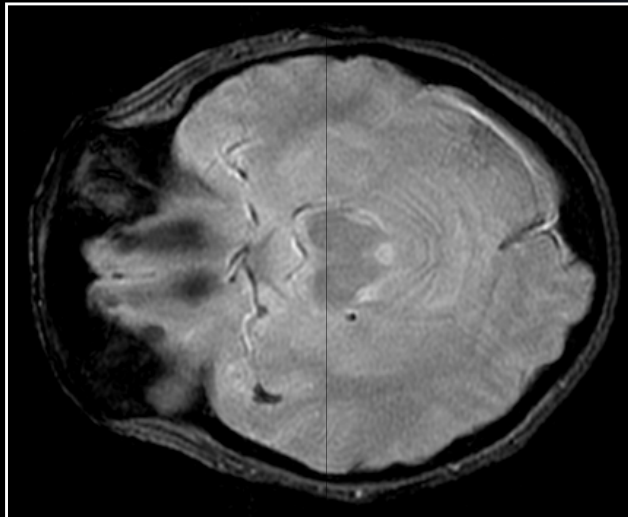
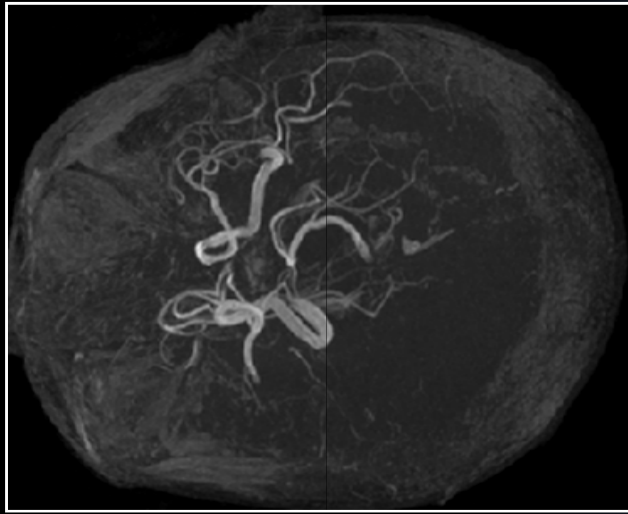


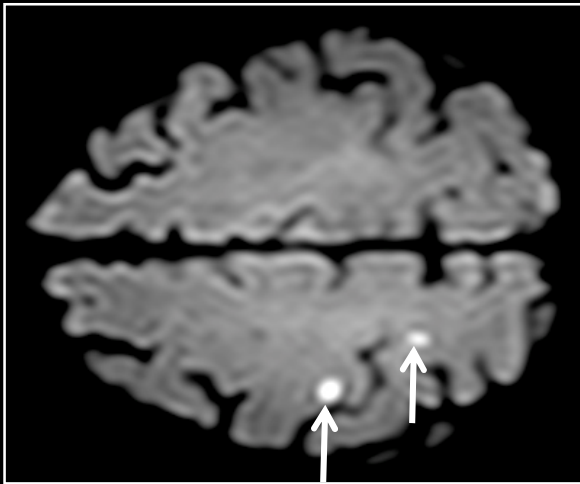
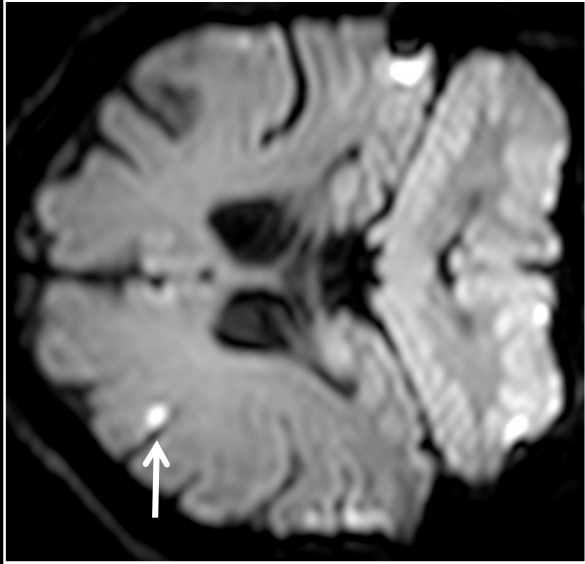




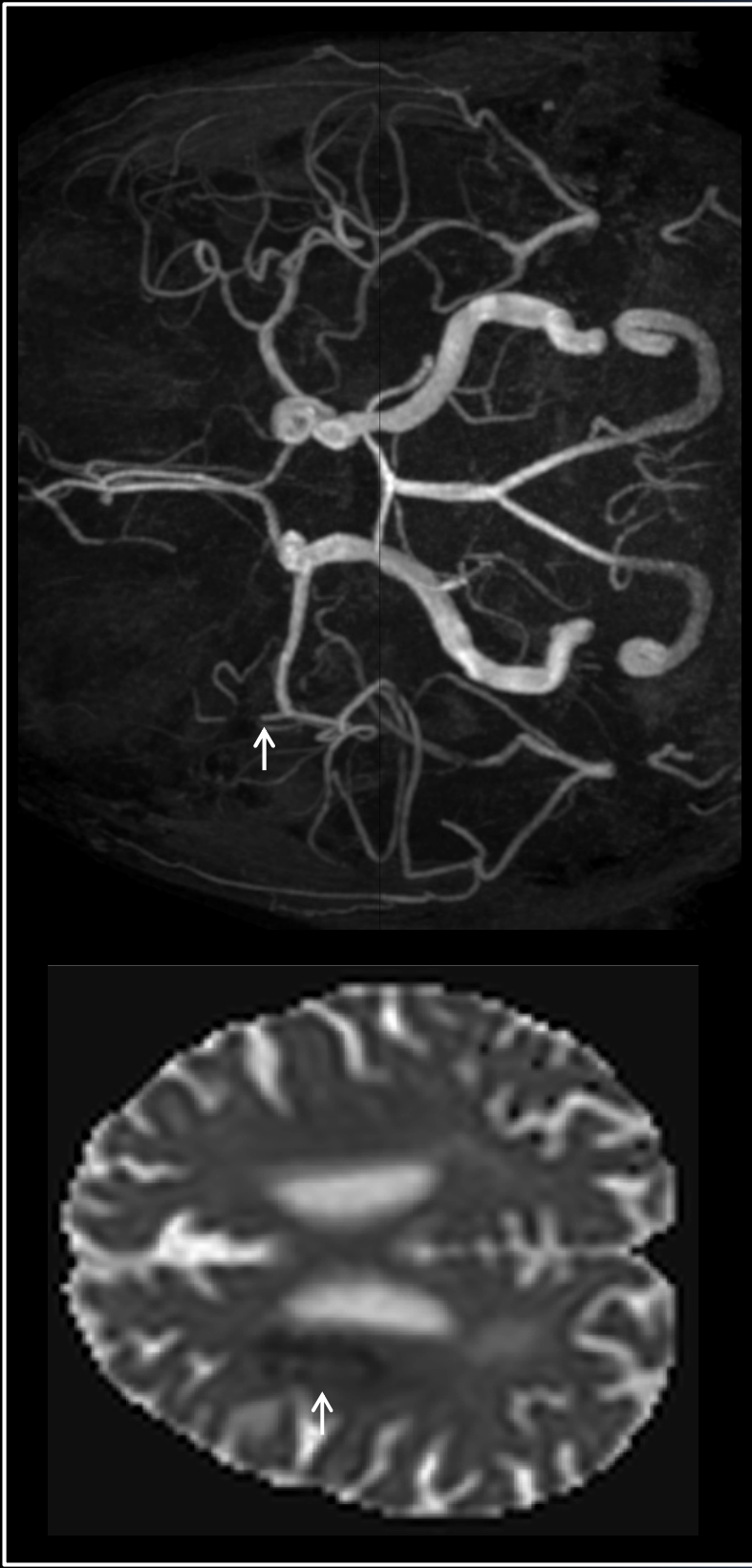












OCCLUSIÓN DE PEQUEÑOS VASOS (LAGUNAS)

- **Síndrome clínico lacunar.**
- **Ausencia de déficit clínico de corteza cerebral.**
- **Antecedente de HTA o DBT.**
- **Imágenes cerebrales: infarto de tronco encefálico o hemisférico subcortical < 15 mm.**
- **Estudios arteriales: exclusión de aterosclerosis de grandes arterias.**
- **Estudios cardíacos: exclusión de fuentes cardíacas de embolia.**

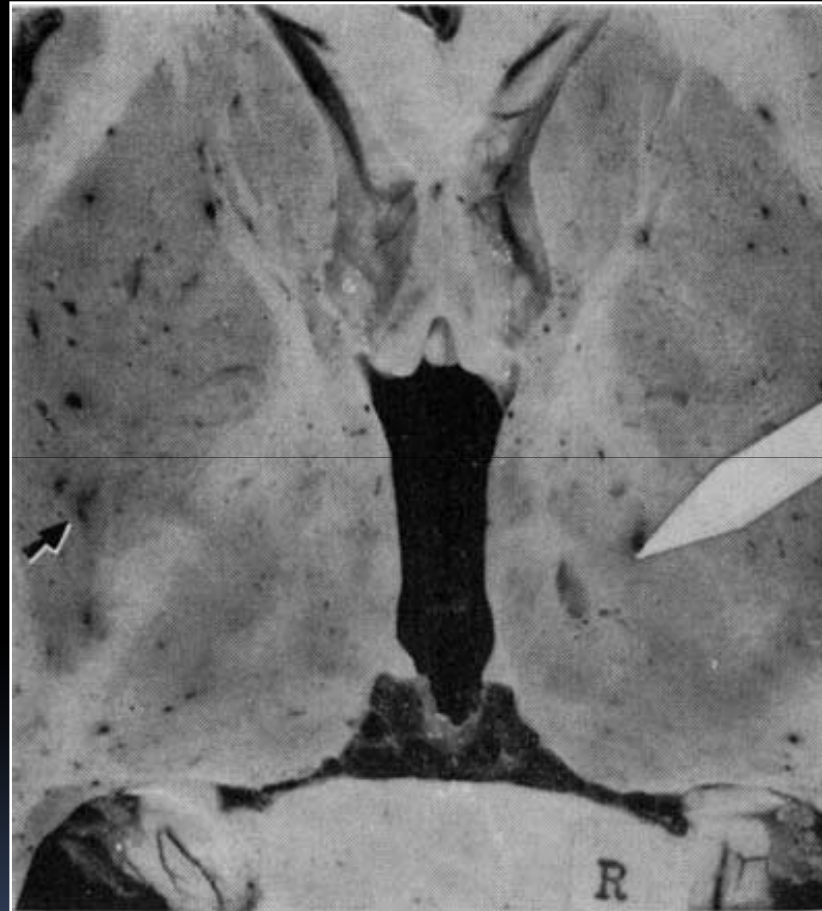
SÍNDROMES LACUNARES:

- ❖ **Síndrome motor puro (hemiparesia aislada).**
- ❖ **Síndrome sensitivo puro (hemihipoestesia aislada).**
- ❖ **Disartria-mano torpe.**
- ❖ **Hemiparesia-ataxia.**
- ❖ **Síndrome motor-sensitivo.**



Lagunas en el putamen y la cabeza del núcleo caudado

Fisher CM. Neurology 1965;15:774-784



Lagunas en el tálamo y el putamen opuesto

Fisher CM. Neurology 1965;15:774-784



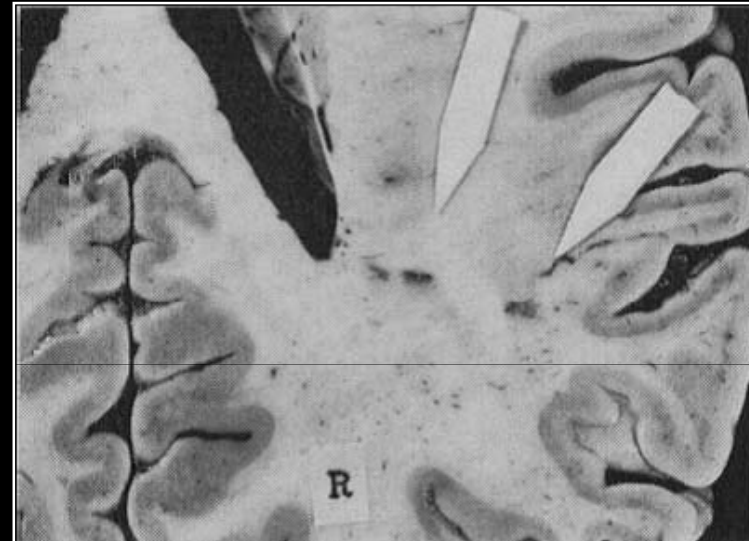
Laguna en la base del puente
Fisher CM. Neurology 1965;15:774-784



Laguna en la base del puente
Fisher CM. Neurology 1971;21:900-905

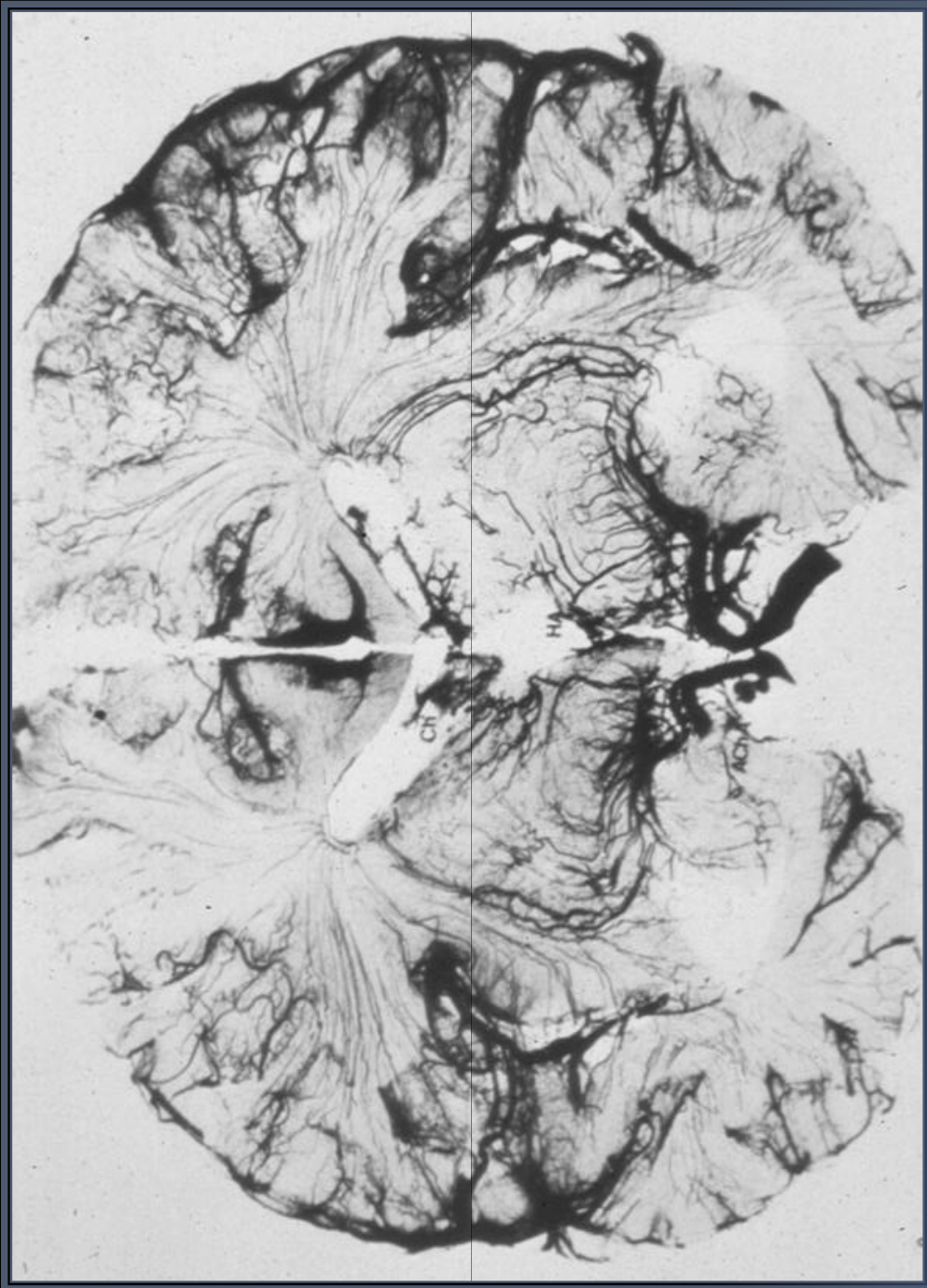


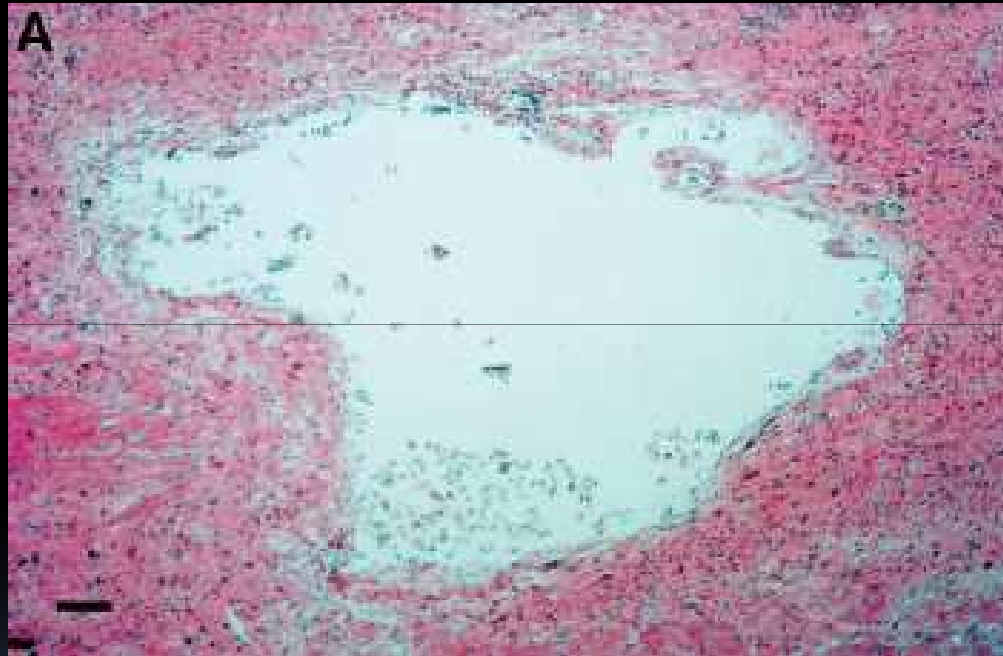
Laguna en la sustancia blanca frontal



Laguna en la sustancia blanca parietal

Fisher CM. Neurology 1965;15:774-784

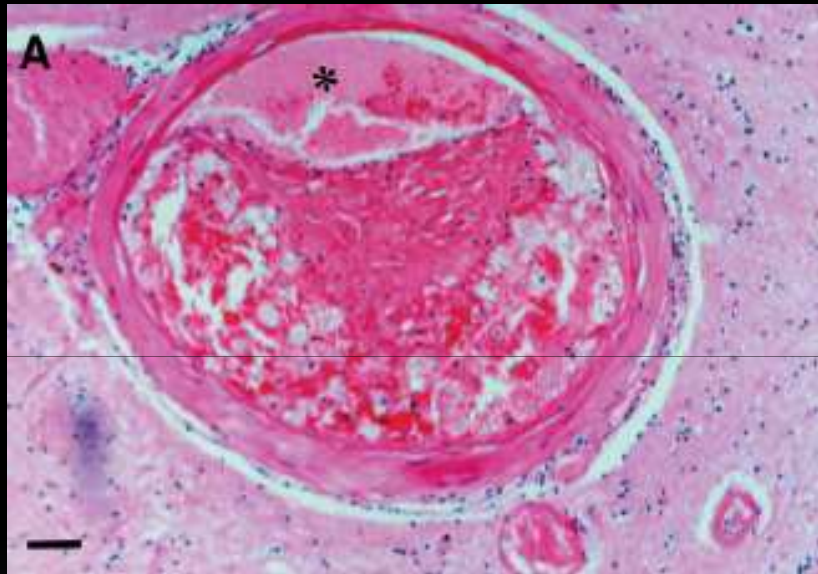




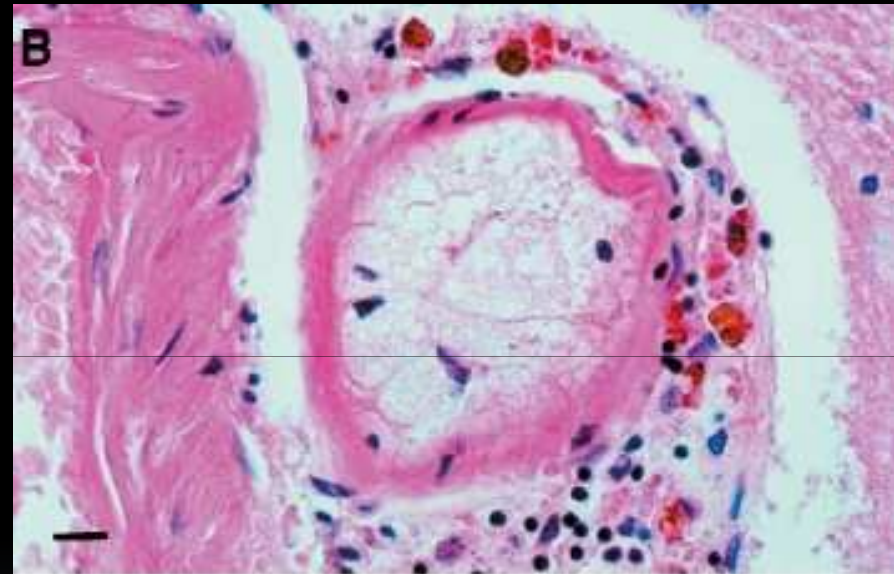
Infarto lacunar crónico

Cavidad pequeña con ocasionales pequeños vasos y macrófagos parcheados

Aterosclerosis de pequeños vasos

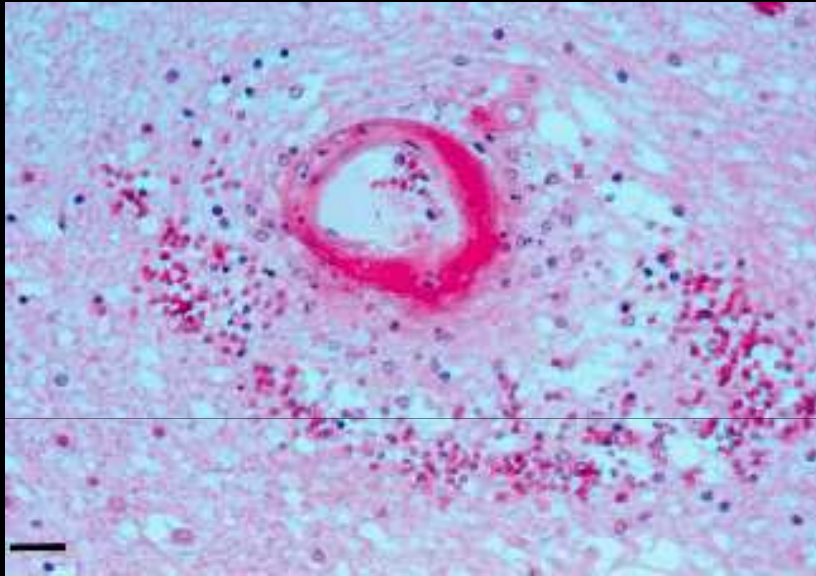


Placa de ateroma exéntrica de una arteria perforante en el putamen, con estenosis luminal significativa

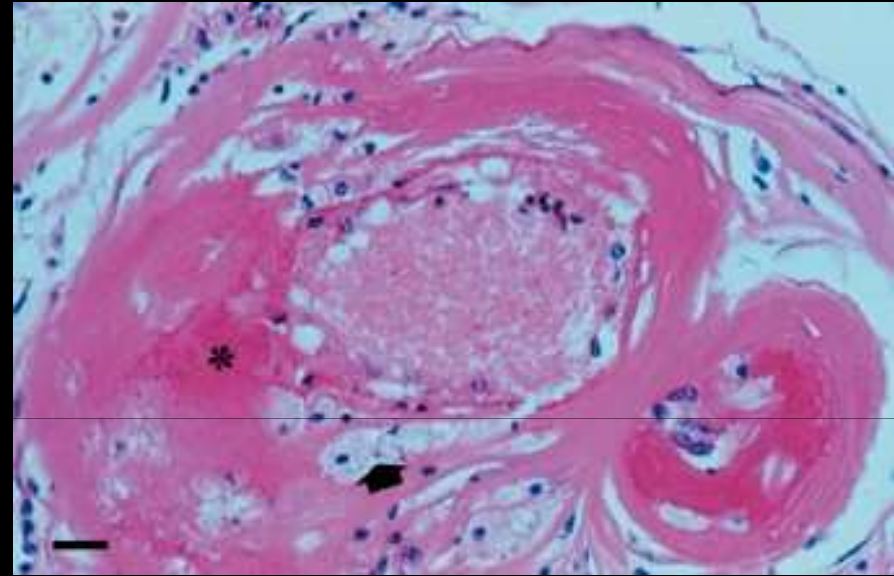


Oclusión debido a acumulación de células espumosas de una arteria perforante en el putamen

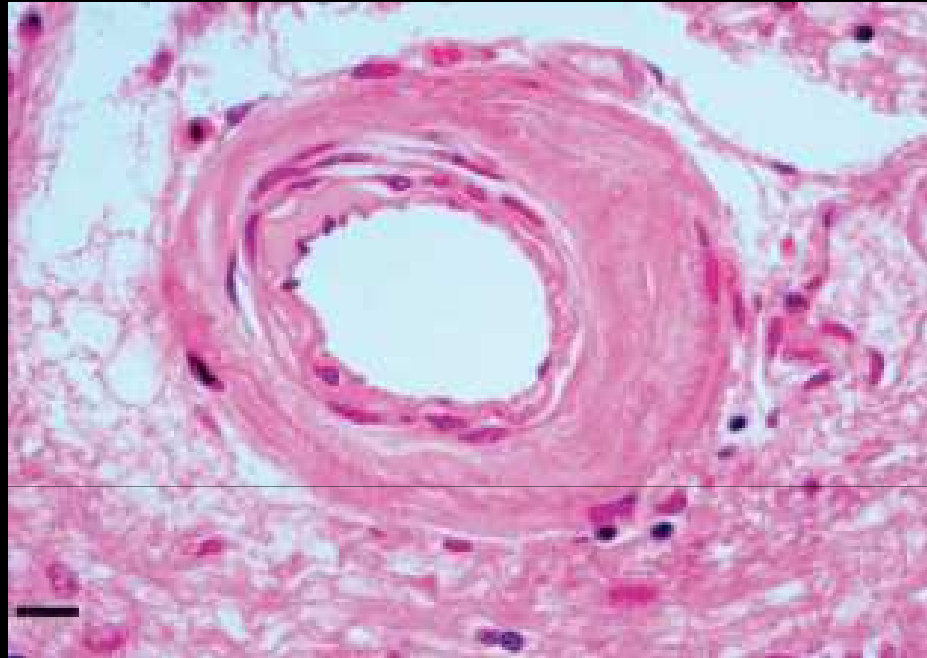
Lipohialinosis



Necrosis fibrinoide aguda no inflamatoria de la pared arterial

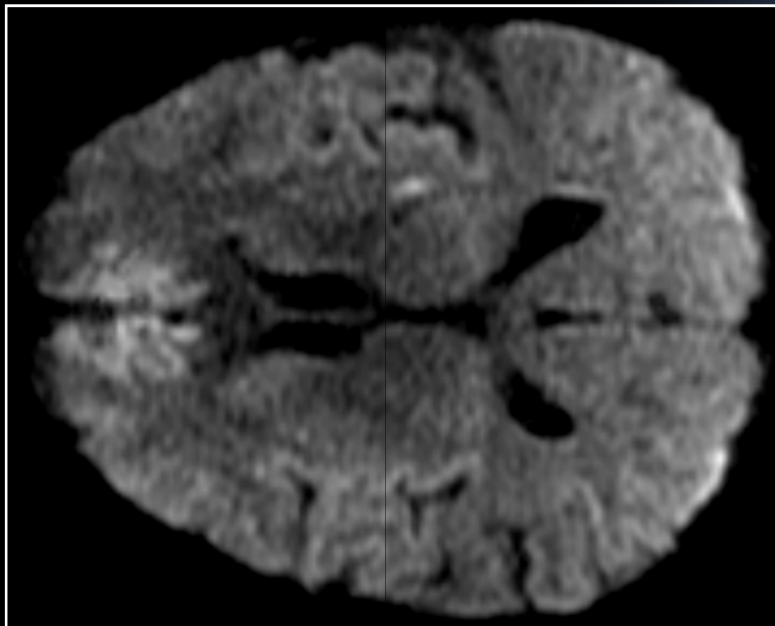
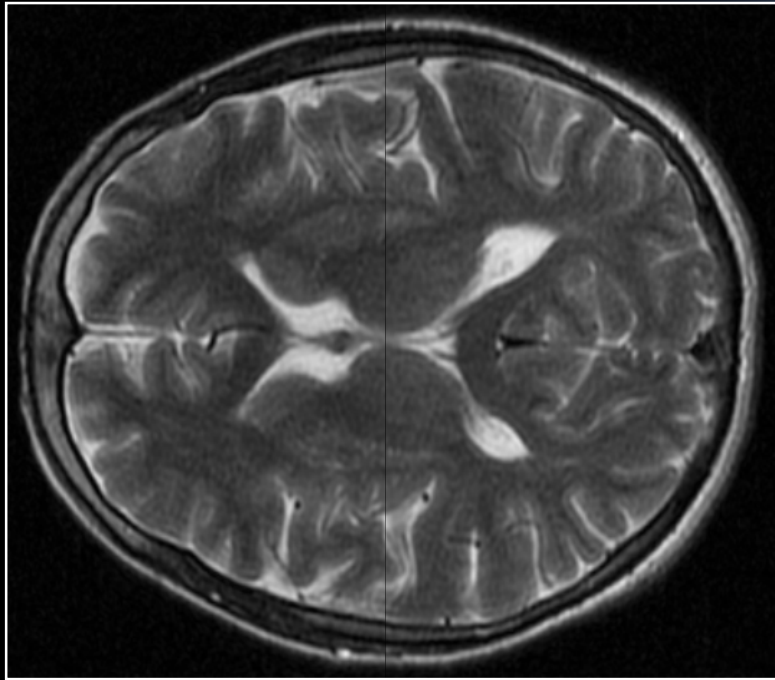


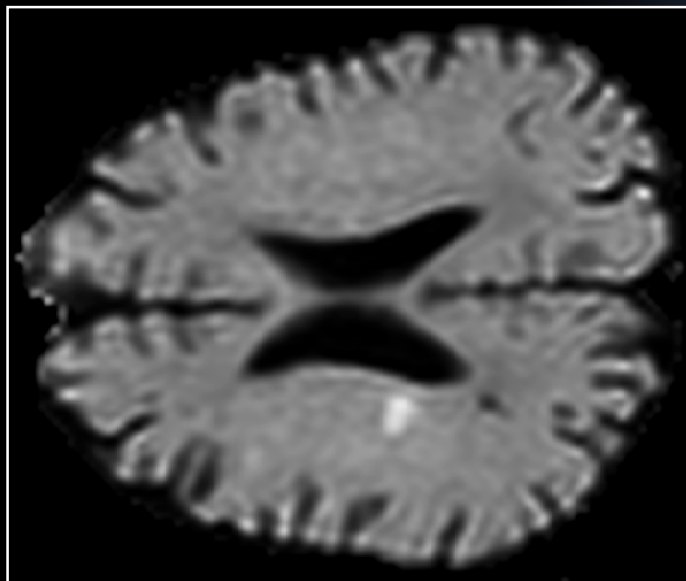
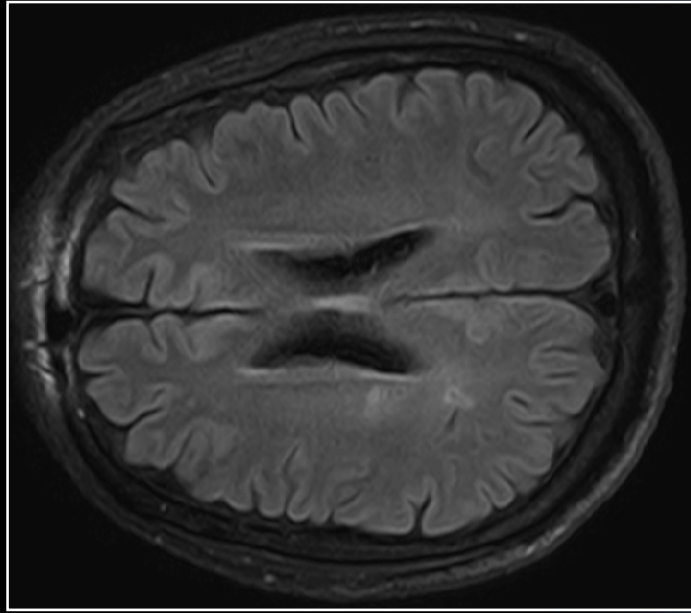
Segmento arterial con engrosamiento asimétrico, dilatación y desorganización focal, degeneración fibrinoide (asterisco) e infiltración por células espumosas (flecha)

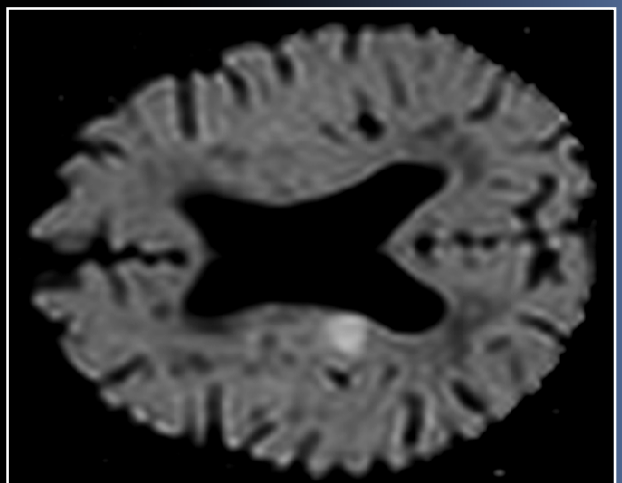
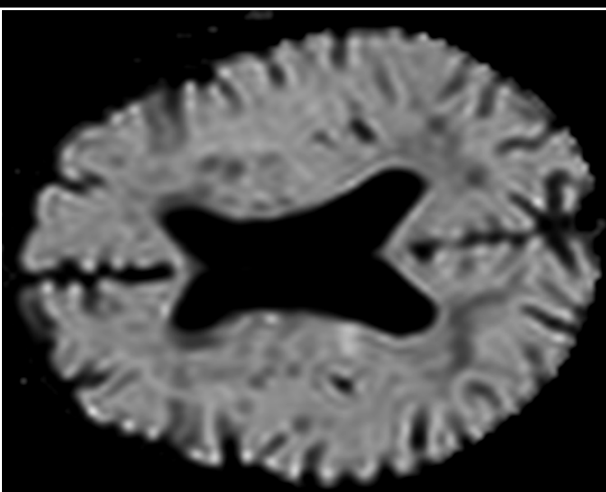
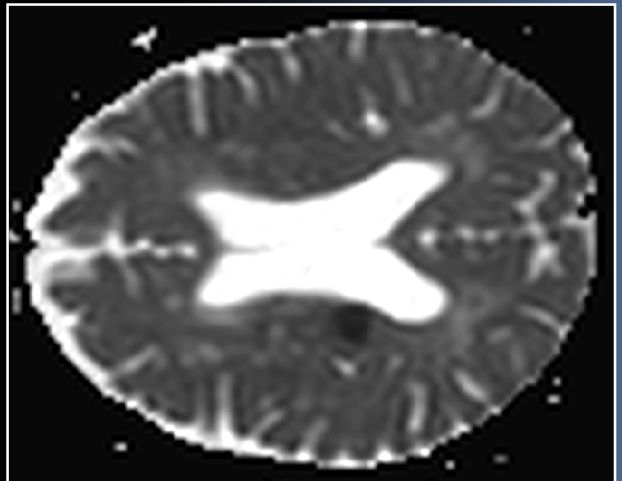
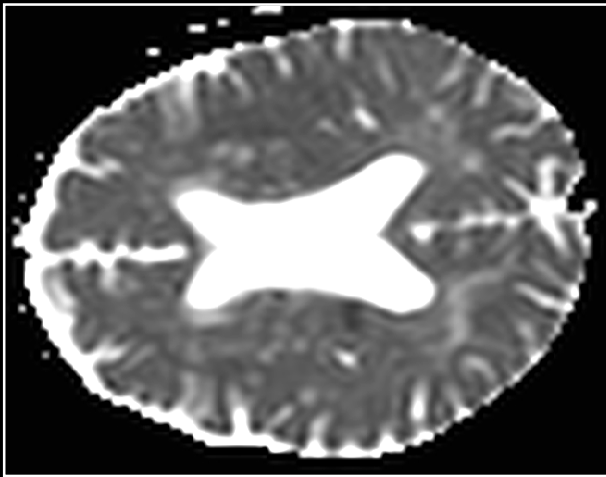
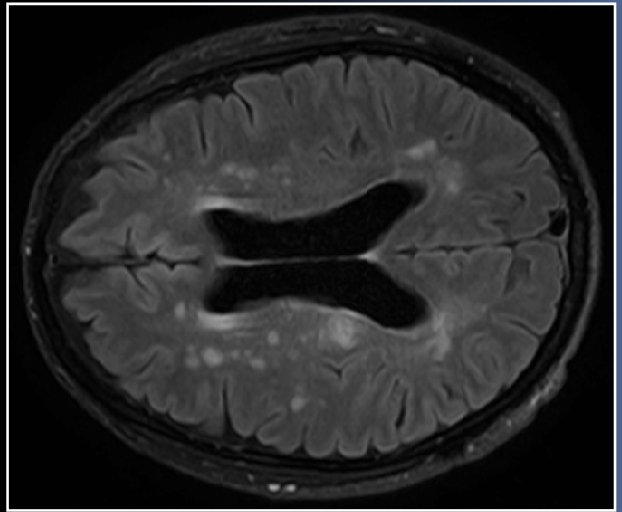
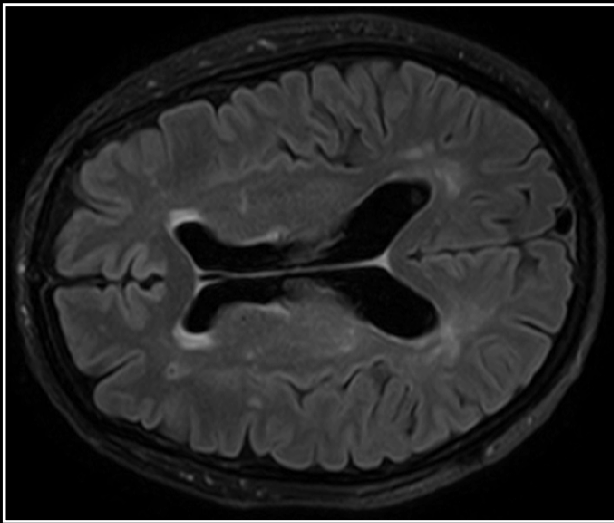


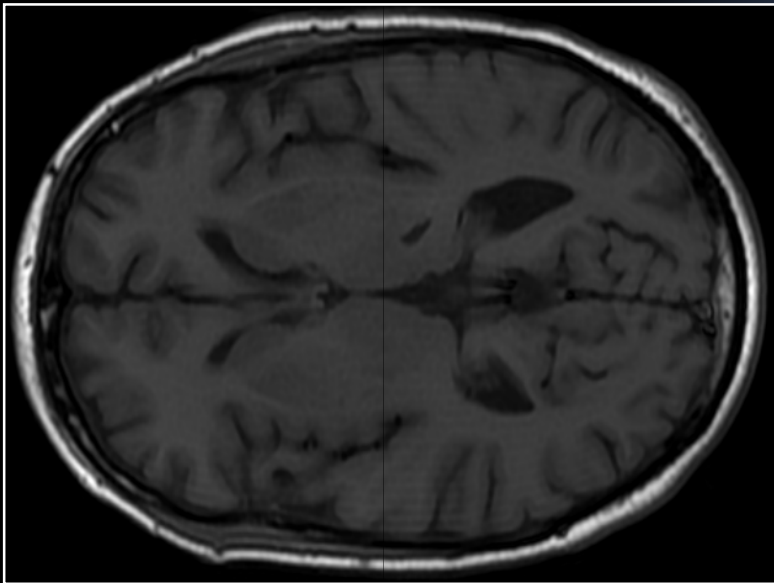
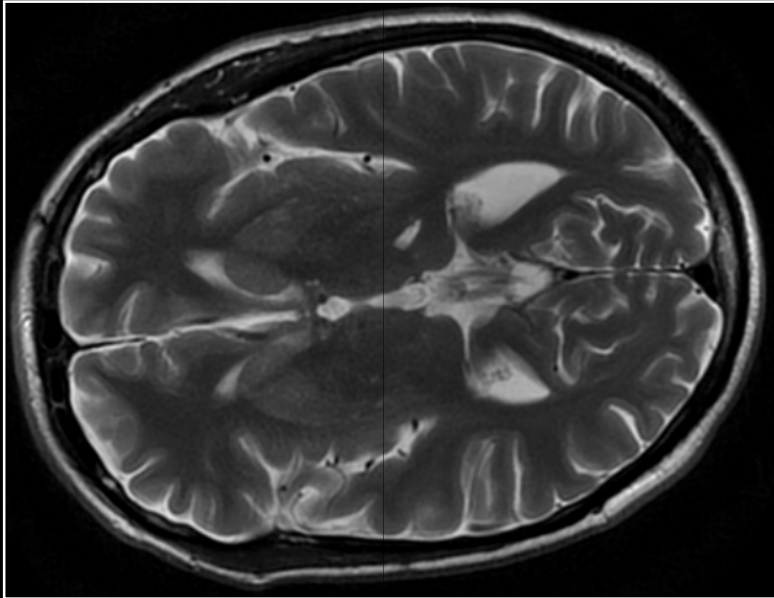
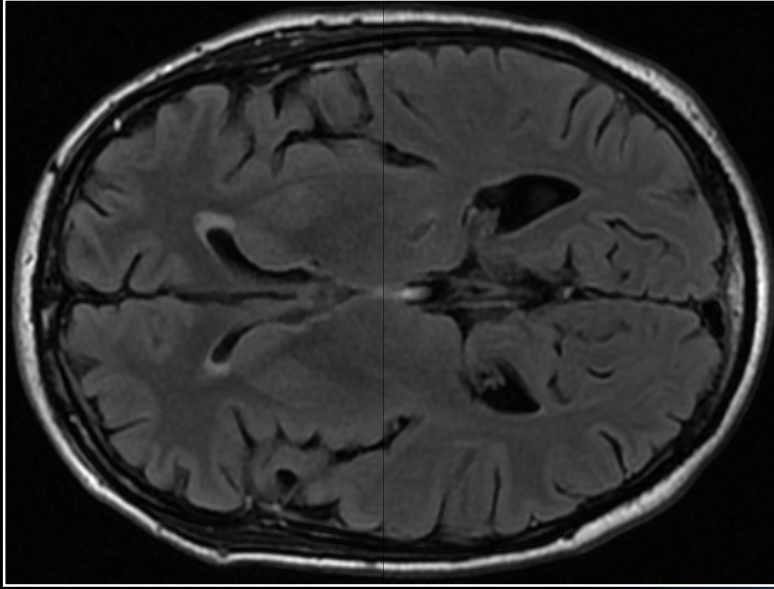
Arteriosclerosis

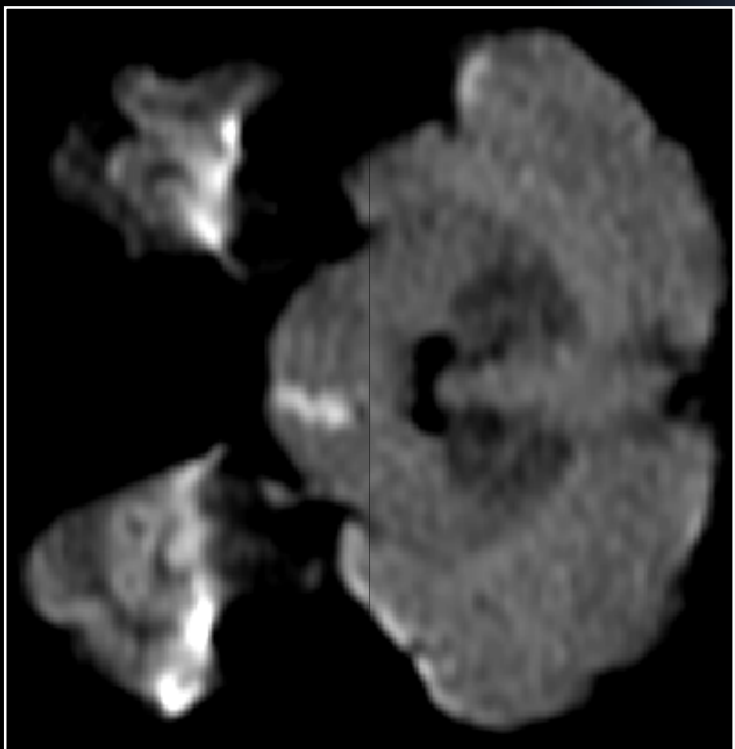
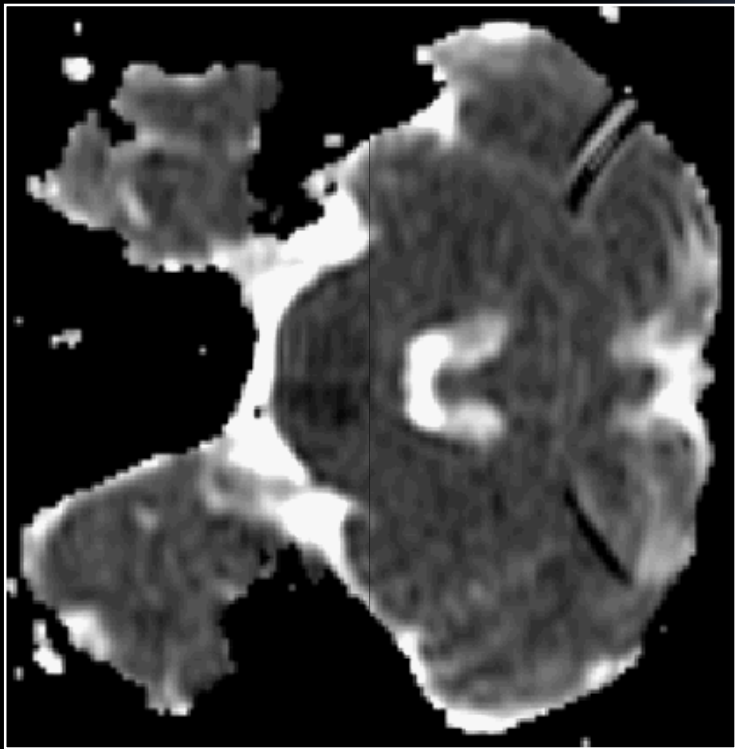
- Engrosamiento hialino concéntrico de la pared arterial
- Pérdida de células musculares lisas
- Estenosis luminal leve











Muchas gracias