

H. SUBARACNOIDE

CISTERNAL



ANEURISMA

CONVEXIDADE



TVC, SVCR, VASCULITE, ANGIOPATIA AMILOIDE SHUNTS AV

PERIMESENFÁLICO



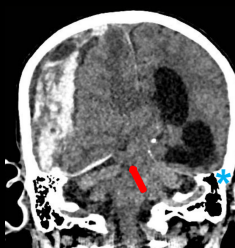
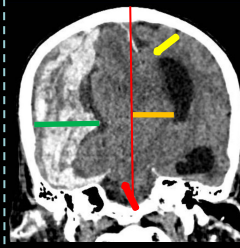
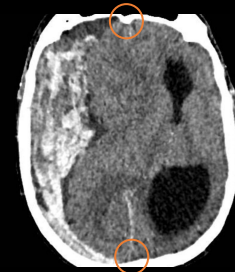
VEIA

Escala de Fisher Modificada

PREDIZ RISCO DE VASOESPASMO!!!
(3ºd a 2s - PICO 6º a 8ºd)

- Fisher grau 1 = 24%
- Fisher grau 2 = 33%
- Fisher grau 3 = 33%
- Fisher grau 4 = 40%

H. EPIDURAL E SUBDURAL



H. INTRAPARENQUIMATOSA

Medir Vol (mL): Maiores diâmetros LLxAPxCC x 0,52 se aprox. elíptica.

TÍPICA/CENTRAL NÚCLEO DA BASE



HAS

ATÍPICA/PERIFÉRICA LOBAR / SUBCORTICAL



TUMOR, CAVERNOMA, MAV, ANEURISMA, TVC, ANGIOPATIA AMILOIDE

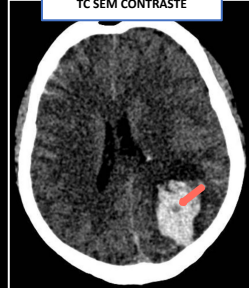
JOVEM



MALFORMAÇÃO VASCULAR, DROGAS, TVC, VASCULITE

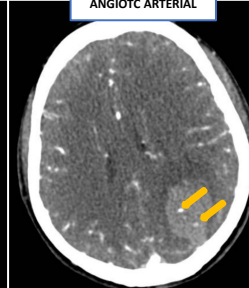
Sinais de Sangramento Ativo
Risco de Re-Expansão

TC SEM CONTRASTE

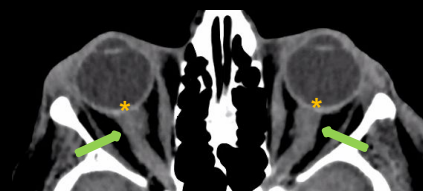


Swirl Sign

ANGIOTC ARTERIAL

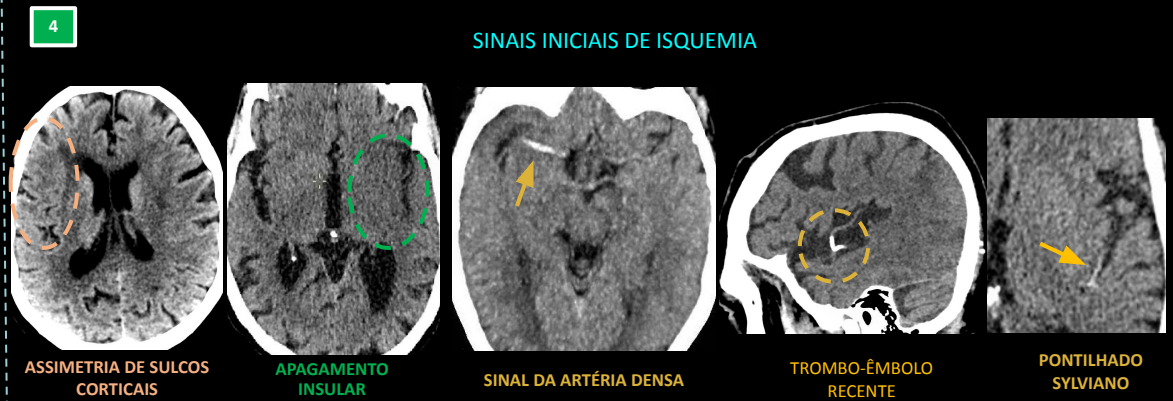
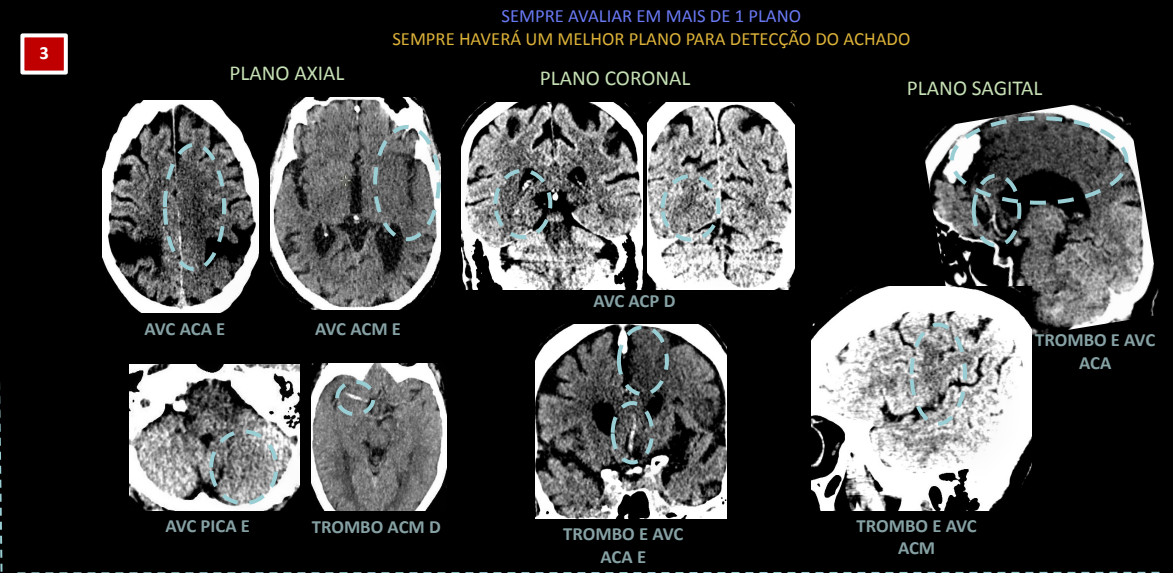
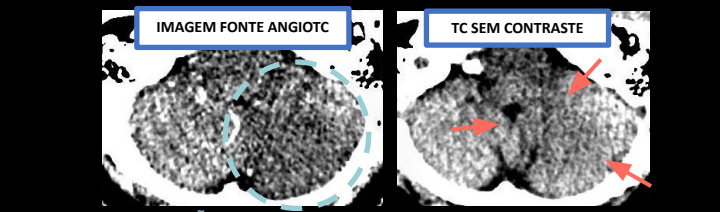
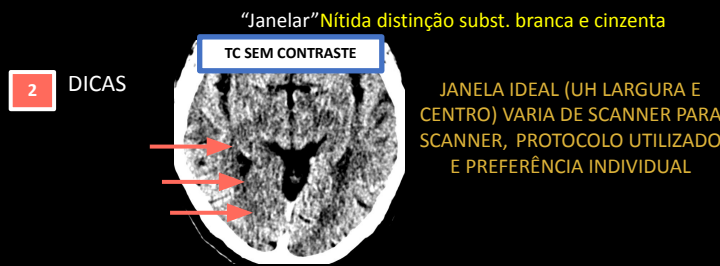
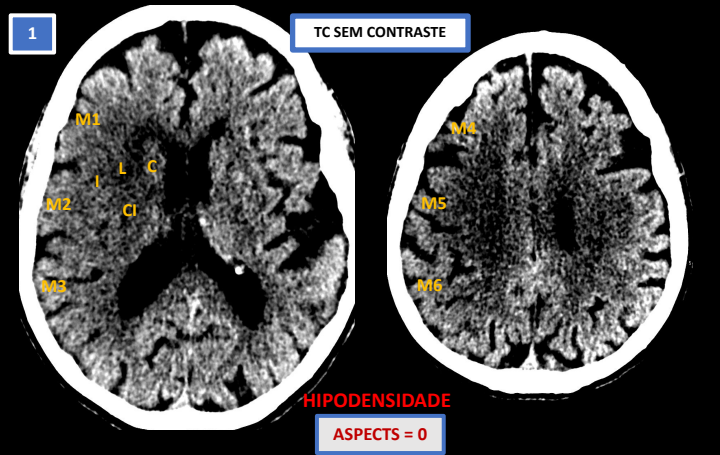


Spot Sign

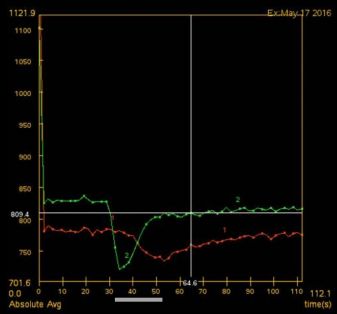
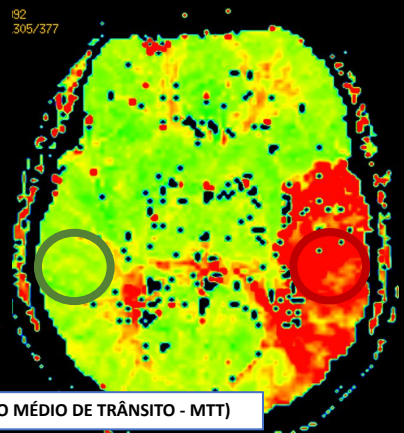
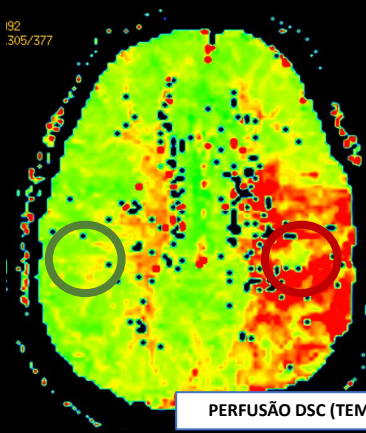
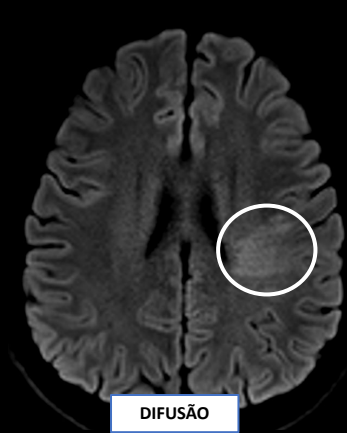


Efeito expansivo significativo
Sinais de hipertensão intracraniana

5 PASSOS INICIAIS NA AVALIAÇÃO DO AVC AGUDO: 2º - Existe infarto recente estabelecido?



Se janela estendida (6-24h): (1) Existe área salvável / penumbra significativa? (2) Há desacoplamento (*mismatch*) DWI / PWI?



≥ 6 seg

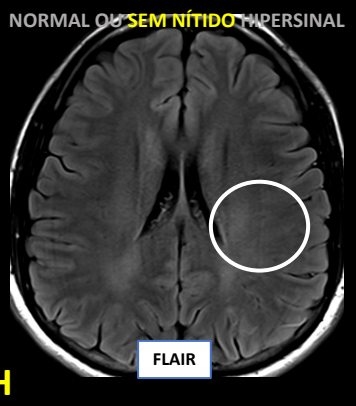
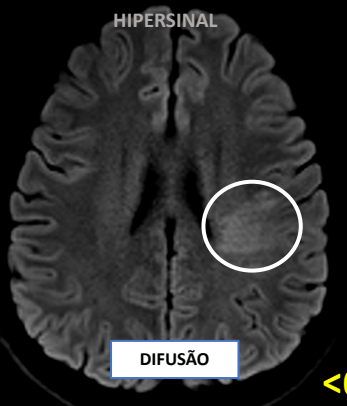
Relação hipoperfusão MTT (≥ 6 seg) / CORE isquêmica:

Se ≥ 1.8 - MISMATCH **POSITIVO**

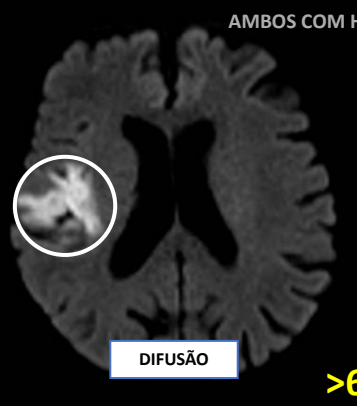
Se ≤ 1.8 - MISMATCH **NEGATIVO**

Medir Vol (mL) CORE com ferramenta SEGMENTAÇÃO DO MODO LIVEWIRE

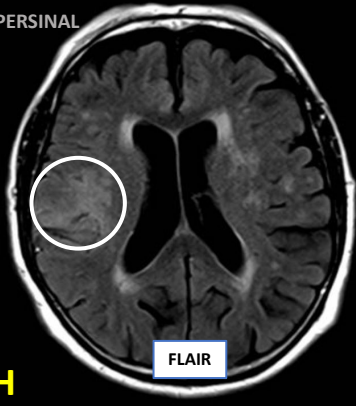
Se tempo Incerto / Wake Up Stroke: (1) Qual o tempo estimado de instalação? (2) Há desacoplamento (*mismatch*) DWI / FLAIR?



<6H



>6H

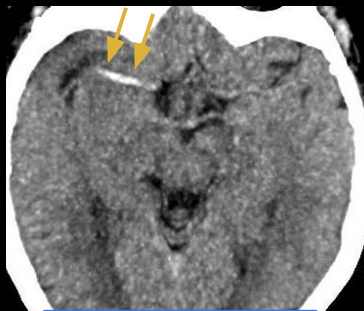


Mismatch DWI/FLAIR estima o tempo de instalação do AVC:

MISMATCH **POSITIVO**: <6H

MISMATCH **NEGATIVO**: >6H

SINAL DA ARTÉRIA DENSE
TROMBO-ÊMBOLO



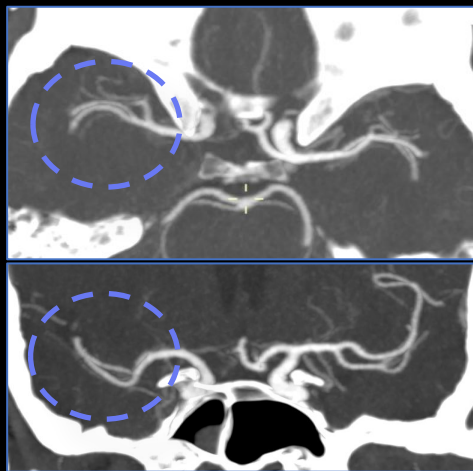
MIP TC SEM CONTRASTE

STOP COLUNA CONTRASTAÇÃO
OCCLUSÃO ARTERIAL



MIP ANGIOTC

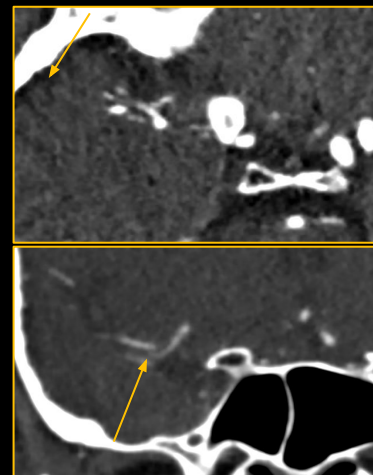
MIP SEM OCLUSÃO



CUIDADO!!! MIP SOBREPÕE VASOS, PODENDO
OBSCURECER A OCCLUSÃO ARTERIAL

DICA: GIRE O MIP!

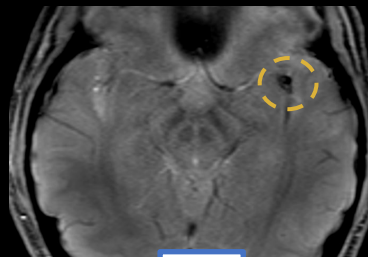
MPR COM OCLUSÃO



AVALIE TAMBÉM NO MPR O TERRITÓRIO
ARTERIAL SUSPEITO

TROMBO-ÊMBOLO

HIPOSSINAL



T2*

OCCLUSÃO ARTERIAL

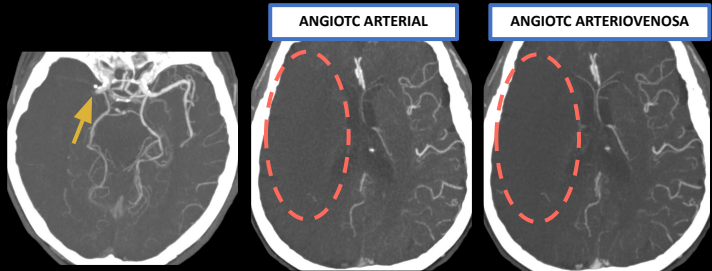
STOP DA COLUNA DE SINAL



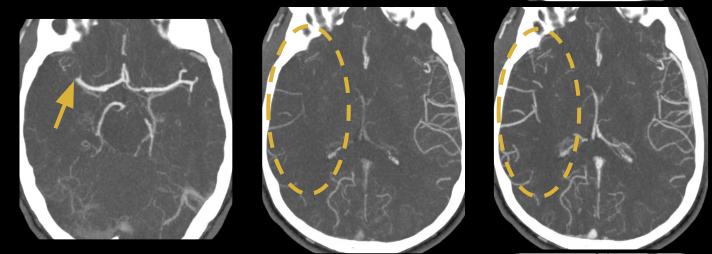
MIP ANGIORM TOF

4º - Qual o grau de colaterais?

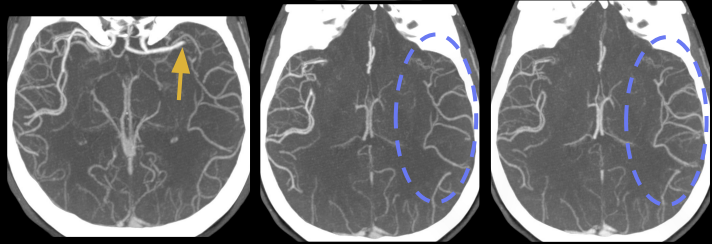
Pobre



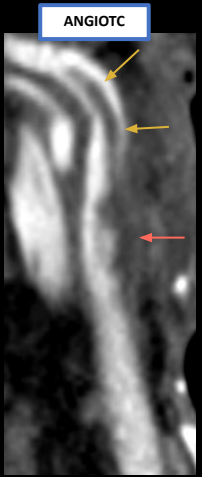
Regular



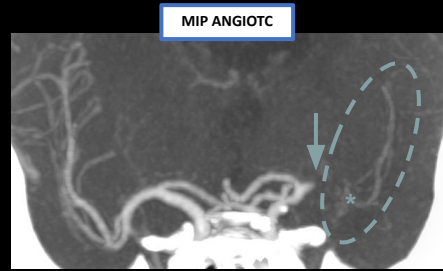
Boa



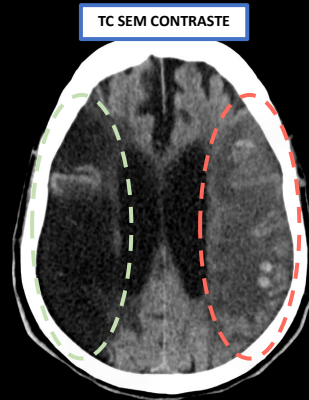
5º - Qual é o status dos vasos e encéfalo? É possível determinar a etiologia/mecanismo?



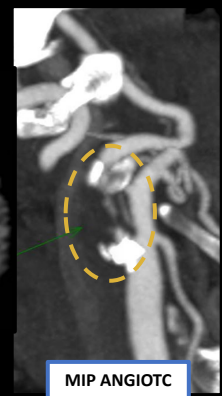
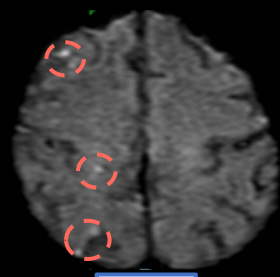
PLACA ULCERADA
TROMBO PARC.
DESGARRADO



OCCLUSÃO ARTERIAL CRÔNICA
RECRUTAMENTO VASCULAR IRRIGANDO ACM



AVC MALIGNO ANTIGO ACM D
AVC MALIGNO RECENTE ACM E



ATEROMATOSE SUBOCCLUSIVA NO BULBO CAROTÍDEO IPSILATERAL