




Kontroverze kriptogenog moždanog udara Cryptogenic stroke controversy

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Algoritam liječenja kriptogenog moždanog udara je dijelom kontroverzan.^{1,2} Detekcija otvorenog foramena ovale (PFO) kod bolesnika s preboljelim kriptogenim moždanim udarom otvara dosta pitanja. Tri randomizirane kontrolirane studije koje su do sada provedene na ovu temu usporedile su učinak liječenja PFO-a okluderom u komparaciji s medikamentoznom terapijom u smislu prevencije rekurencije moždanog udara. Više metaanaliza proizašlih iz ovih studija pokazale su dijelom suprotne rezultate. Neke su zaključile da katetersko zatvaranje PFO-a u tom smislu ne donosi nikakvu korist u odnosu na medikamentnu terapiju, dok su druge analizom subgrupa pokazale bolju prognozu kod onih kod kojih je učinjeno katetersko zatvaranje PFO-a. Druge studije bazirale su se na fibrilaciji atrijska kao značajnom uzroku kriptogenog moždanog udara. Većina ih je bazirana na kontinuiranom elektrokardiografskom monitoriranju. Za sada nema konsenzusa oko smjernice za praksu koliko dugo i kako je potrebno monitorirati bolesnika s kriptogenim moždanim udarom. Nedavni konsenzusni dokument objavljen je na ovu temu pridao je važnosti produženog monitoriranja mada su brojna pitanja ostala neodgovorena.

Therapeutic conduct for patients with cryptogenic stroke is somewhat controversial.^{1,2} Patent foramen ovale (PFO) finding in patients with previous cryptogenic stroke emerge several issues unresolved so far. Three randomized controlled trials that have been conducted so far to compare the implant of a transeptal occluding device with a simple medical therapy in patients with PFO and history of cryptogenic stroke did not show a greater protective effect of therapy with transeptal device as regards the recurrences of stroke. Several meta-analyses that have been derived brought results that are strikingly discordant with each other. Some of them come to the conclusion that the transcatheter closure of PFO does not offer significant advantages compared to antithrombotic therapy for the secondary prevention of cryptogenic stroke, while others based on subgroup analyses argue that some could be associated with significantly lower incidence of cerebrovascular events compared with medical therapy alone. Some studies suggest that atrial fibrillation (AF) is a possible cause of cryptogenic stroke. Most of these studies are based on continuous electrocardiographic monitoring. However, there is no consensus on the usefulness of ECG monitoring in this setting and many questions about the association between AF and cryptogenic stroke remain unanswered. A recent consensus document recommends "extended ECG monitoring" in patients with cryptogenic stroke to detect undiagnosed AF. The evidence regarding the monitoring time to be employed in patients with CS for detecting AF is still inconclusive.

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LITERATURE

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