Cryptogenic Stroke: A Collaborative Care Approach

Sylvia Edwards: I was meeting my daughter to go to lunch. She opened the door, and I smiled and said, "Hey, honey, how are you?" She said, "What's wrong with you?" I said, "Nothing, why?" She said, "One side of your face smiled at me and the other side did not, and I'm taking you to the hospital."

James Allred: When Sylvia had her stroke, our team came together to try to figure out what happened. She was seen by Dr. Sethi, our neurologist.

Pramod Sethi: She got diagnostic evaluation with CT scan, MRI scan. An obvious cause was not found.

James Allred: She was seen by one of our cardiologists, who did a transesophageal echocardiogram, and that was normal. There are causes for stroke that we have to consider. For some patients, they might have a PFO that could allow a blood clot, for example, from the leg to travel to the brain and cause a stroke. Another cause for stroke could be plaque within large vessels such as the aorta. Some patients have a genetic disorder, and these patients are at increased risk for blood clots, including stroke. For patients with stroke of unknown cause, the concern is that that patient might've had a heart rhythm problem called atrial fibrillation.

Pramod Sethi: Nearly one third of all strokes are cryptogenic in nature. That means the cause is not determined at the time of discharge. It's important to try to find the exact cause, because treatment will prevent recurrent strokes, and recurrent strokes may be more severe and more disabling than the first one.

James Allred: "Cryptogenic," by definition, means we don't know why the patient had the stroke, and that can be really scary for our patients.

Sylvia Edwards: I was concerned, 'cause we couldn't find out what was going on. If you don't know why, you can't treat it. He said, "It may never happen again, never, but we don't know that."

James Allred: I saw Sylvia, and we talked about options to monitor her heart. We have 24 hour Holter monitors that patients can have placed in the outpatient setting. We have 30-day event monitors that patients can wear, and more recently, have implantable loop recorders. She decided that this was an option that she wanted to pursue.

We implanted a loop recorder in Sylvia and started to monitor her heart. She was discharged. She went home. She had a transmitter to communicate any abnormalities with her heart to our office. What we found is that Sylvia had atrial fibrillation, and started her on a blood

thinner to prevent her from having a stroke.

Pramod Sethi: For the last two and a half years, with the partnership for the cardiologists and physiologists, we have implanted these loop recorders in patients.

James Allred: These are all patients that have had a prior stroke.

Pramod Sethi: Healthcare providers, it's important to be knowledgeable about a cryptogenic stroke pathway because this provides tools, which are useful in trying to work together in a multidisciplinary effort towards offering a better diagnostic workup for cryptogenic stroke patients.

James Allred: I look for Sylvia to do very well. I think it's very unlikely that she will have another stroke and I enjoy hearing about stories of her with her grandchildren.

Sylvia Edwards: I plan to live a long life. I'm 75, but I may be here 'til I'm 95. I plan it. Yeah.