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Additional Rehabilitation Therapy Would be Necessary after a TIA to Prevent Future Strokes

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Description

Mini strokes are the common terms for Transient Ischemic Attacks (TIA). The symptoms are similar to those of a stroke, and 10% of first-time patients develop full-blown strokes within 90 days. Despite the well-known statistics, there is presently no post-TIA routine to help prevent future strokes. But that can be changed in future by rehabilitation therapy.

The most frequent risk factors for stroke are hypertension, physical inactivity, high lipids, and diabetes. It isn't difficult to differentiate between a transient ischemic attack and a mild ischemic stroke. Transient ischemia attacks strike without warning. Even though the most severe symptoms occur first, it is a historical diagnosis because most patients have no clinical indicators when they identify.

The vast majority of transient ischemia occurrences last less than 15 minutes. Persistent symptoms or indications, no matter how little, indicate a mini-stroke. Stroke and transient ischemia attack mimics include migraine aura, simple partial seizures, and somatization. When there is uncertainty, ischemia should be the default diagnosis. Stroke is the most frequent abrupt neurologic event affecting adults. Diagnosis is difficult since the symptoms are caused by a malfunctioned brain rather than by the disease itself. Imaging is helpful, especially diffusion-weighted magnetic resonance imaging, where a favorable result rules out ischemia.

An axial diffusion-weighted image, axial fluid-attenuated inversion recovery imaging, and axial gradient-recalled echo imaging will be a part of a fast magnetic resonance imaging strategy for stroke. It takes less than 10 minutes of imaging time and can implement in all hospitals. Magnetic resonance imaging does not rule out the possibility of ischemia and will reduce the risk of stroke in the short term. Embolic blockage of intracranial arteries causes a significant proportion of strokes. Early detection of intracranial and extra cranial arteries is crucial for risk assessment. Repeated strokes are four times more frequent in patients with persistent cerebral occlusions. Strokes caused by arterial emboli from a large atherosclerotic artery might recur quickly after the initial event. These reasons can be identified easily by intracranial and extra cranial artery imaging. Lacunar disorders are more difficult to treat because few penetrating arteries are too small to be seen with current imaging techniques. The diagnosis followed by treatment is necessary. Antiplatelet therapy can be provided to all the patients in high dosage. The most common therapy used is low-dose acetylsalicylic acid.

Patients with new-onset atrial fibrillation who do not have a persistent vascular blockage can be treated with anticoagulant medicine and can be discharged. Therapeutic studies in this area are desperately needed. The double-antiplatelet treatment might be beneficial and determine if such a strategy is impactful. Several questions, though, remain, for example, we don't know how to regulate the blood pressure more accurately. The best way to care for a patient who has experienced acute, abrupt and resolving neurologic symptoms is by making accurate diagnosis initially, so that appropriate treatment options can be implemented. Once a stroke syndrome is identified in the patient, the vascular process that triggered it should be detected. Proper rehabilitation therapy should be followed.

Conclusion

The TIA stroke can strike without any warning and even most patients doesn’t even have any clinical symptoms. The diagnosis for the stroke can be possible with proper medical care. Different types of magnetic resonance imaging techniques are available for the treatment. Although they cannot outrun the stroke, they reduce the risk of stroke in short time. Identifying the proper symptoms of stroke and treating them with accurate therapy is necessary. After the attack of TIA stroke, additional rehabilitation therapy is mandatory to every individual.