

Vasospasm Diagnosis

Diagnosis of **vasospasm** is made by some combination of clinical, cerebral angiographic, and **transcranial doppler** ultrasonographic factors.

It can be detected accurately by using **MEPs**. MEPs are a feasible bedside tool for online VS detection in an intensive care unit and, therefore, may complement existing diagnostic tools ¹⁾.

see **Angiographic vasospasm**.

see **Transcranial Doppler for vasospasm diagnosis**.

The techniques used for identification of microcirculatory changes are **xenon CT** scanning, **positron emission tomography**, **single-photon emission computed tomography**, **MRI perfusion** imaging, and **CT perfusion (CTP)** with CTP being in advantage because of its low cost, rapid imaging, high spatial resolution, and ease of performance ²⁾

Apart from imaging techniques, the clinical symptoms and the neurological examination of the patient play a crucial role. The disadvantage is that by the time **cerebral vasospasm** cause clinical symptoms, the ischemic event may have progressed too far, and the chance of a therapeutic intervention may have been missed ³⁾.

¹⁾

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Jabbarli R, Gläsker S, Weber J, Taschner C, Olschewski M, Velthoven VV. Predictors of severity of cerebral vasospasm caused by aneurysmal subarachnoid hemorrhage. J Stroke Cerebrovasc Dis. 2013;22:1332-9.

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