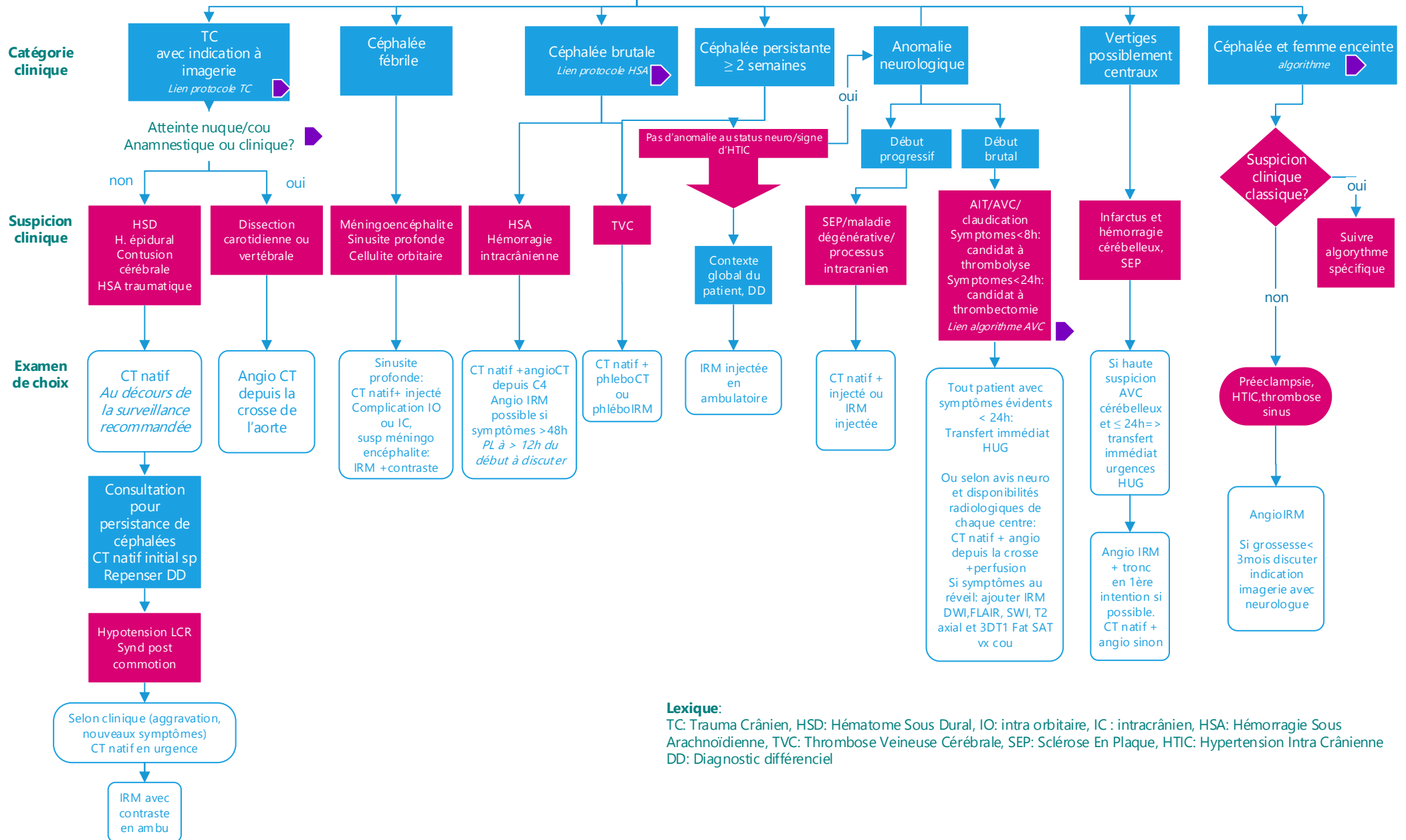


PATHOLOGIE CEREBRALE : QUELLE IMAGERIE ?

Cet algorithme décisionnel ne se substitue pas au jugement clinique.

Le choix de l'imagerie dépend de la pathologie recherchée. Etablir d'abord un DD en fonction de la clinique et de la prévalence.

Lien stratégie vertiges Lien stratégie céphalée



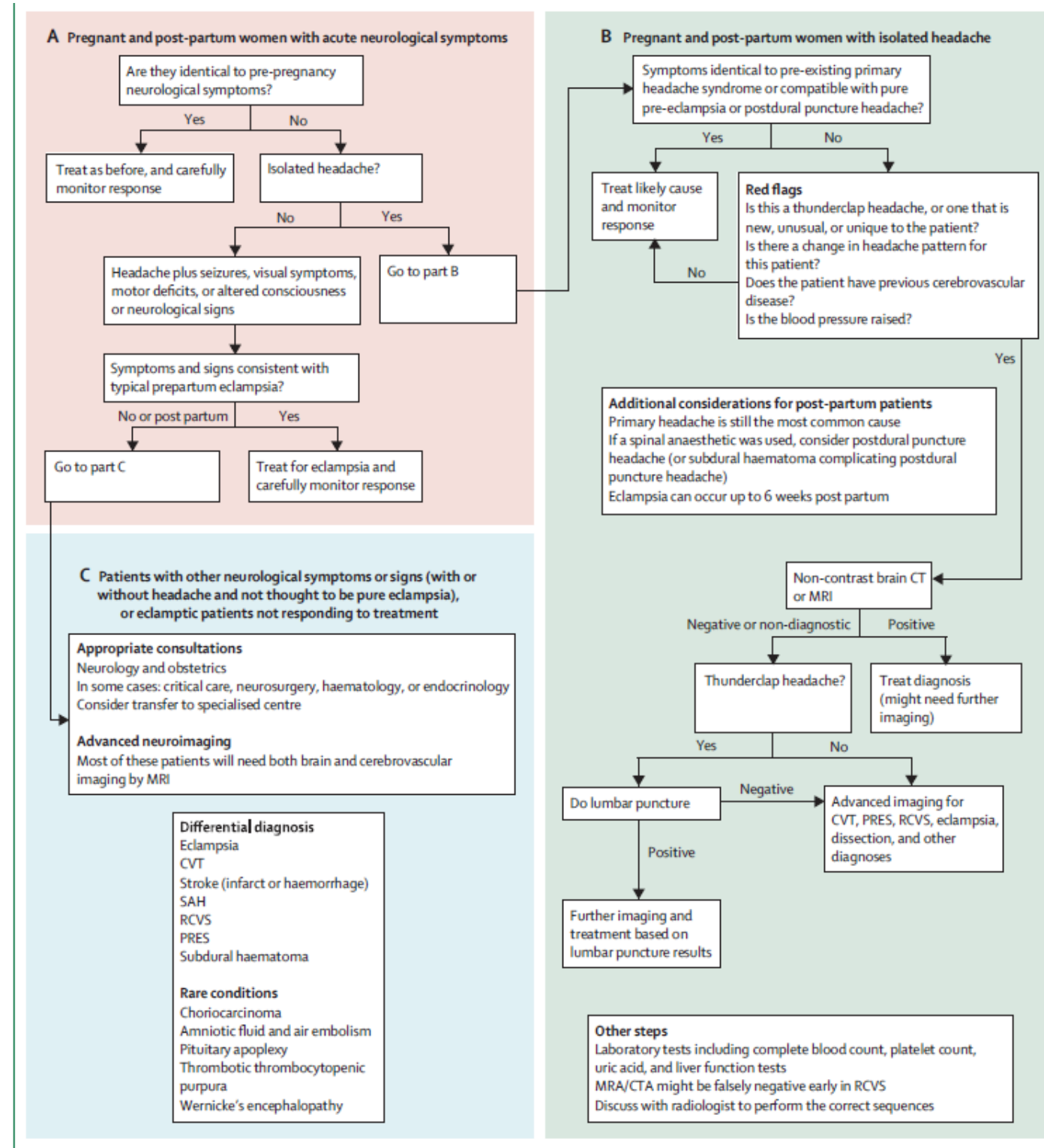


Figure 1: Diagnostic algorithm for pregnant and postpartum patients with acute neurological symptoms
 (A) Diagnostic approach for pregnant and post-partum women with acute neurological symptoms. (B) Diagnostic approach for pregnant and post-partum patients with isolated headache. (C) Diagnostic approach for patients with other neurological symptoms or signs, or eclamptic patients not responding to treatment. If patients are being monitored and are not improving, the clinician should loop back to more testing. SAH=subarachnoid haemorrhage. CVT=cerebral venous sinus thrombosis. RCVS=reversible cerebral vasoconstriction syndrome. PRES=posterior reversible encephalopathy syndrome. MRA/CTA=magnetic resonance angiography and CT angiography.

(eg, blackness or loss of vision).¹² Positive phenomena—brightness or sparkling in vision, tingling, or prickling feelings in the limbs or body—spread gradually and often lead to loss of function, such as scotoma or numbness. Symptoms often clear in one modality, for example vision, and then begin and spread in another modality.

The neurological symptoms develop and usually disappear in 20–30 min. Because visual symptoms are common with pre-eclampsia, diagnosis should not be made without a consideration of other disorders that affect the visual pathways, such as PRES, pituitary apoplexy, and strokes. Another consideration is orbital