

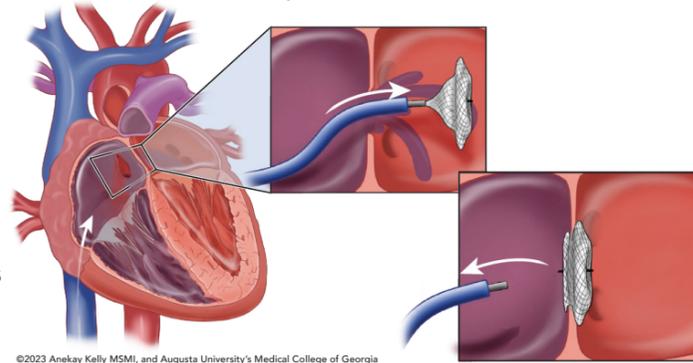
The answer

When it comes to complex medical situations, two heads are often better than one. The American Heart Association/American Stroke Association guidelines recommend collaboration between a structural cardiologist and a stroke neurologist with appropriate training in determining the best treatment for patients with PFO and stroke. It is important to undergo state of the art TIA and stroke evaluation to establish an accurate TIA or stroke type diagnosis and presence of PFO. At Augusta University Medical Center, an accredited Comprehensive Stroke Center, patients with stroke or those at risk for stroke receive cutting-edge evaluation and treatments by certified stroke specialists.

The outcome

The multidisciplinary approach by subspecialty trained neurologists and cardiologists at AU Medical Center maximizes the likelihood of reaching an accurate diagnosis and optimal treatment for patients with stroke and PFO. Consequently, this leads to best possible patient outcomes.

In summary, the relatively uncommon situation of a PFO being related to stroke is usually diagnosed in patients younger than the usual stroke patients. Among high risk stroke patients with a PFO, closure of the PFO can reduce the risk of recurrent stroke. Identification of appropriate candidates for PFO closure can be challenging. The AU Heart Brain clinic staffed by subspecialty trained cardiologists and stroke neurologists offers patients with TIA and stroke and PFO individualized expert multidisciplinary evaluation, recommendations, and treatments for best possible outcomes.



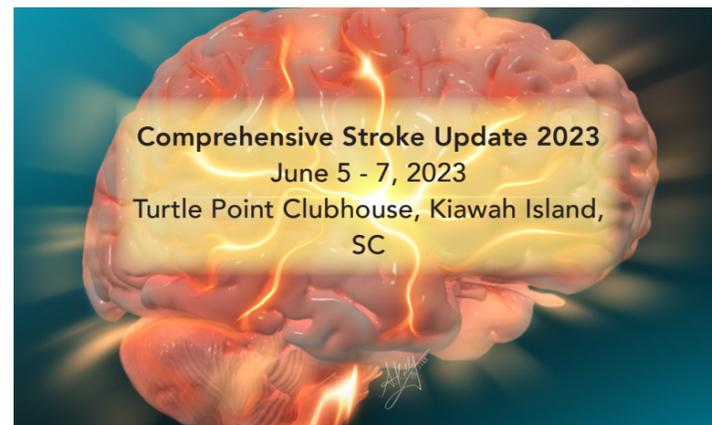
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 Figure showing closure of PFO using a double clamshell device

REMINDERS & UPCOMING EVENTS

Neurology's 50th Anniversary

March 11, 2023

Augusta Marriott at the Convention Center

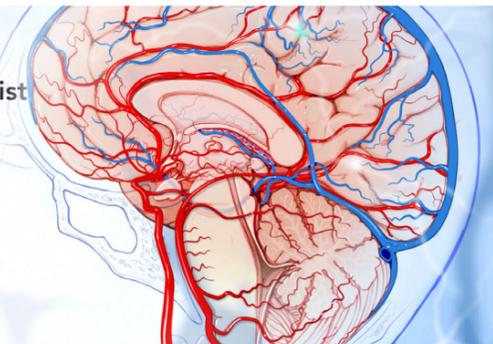


Seizures, Spells and Shakes:

Neurology for the Non-neurologist

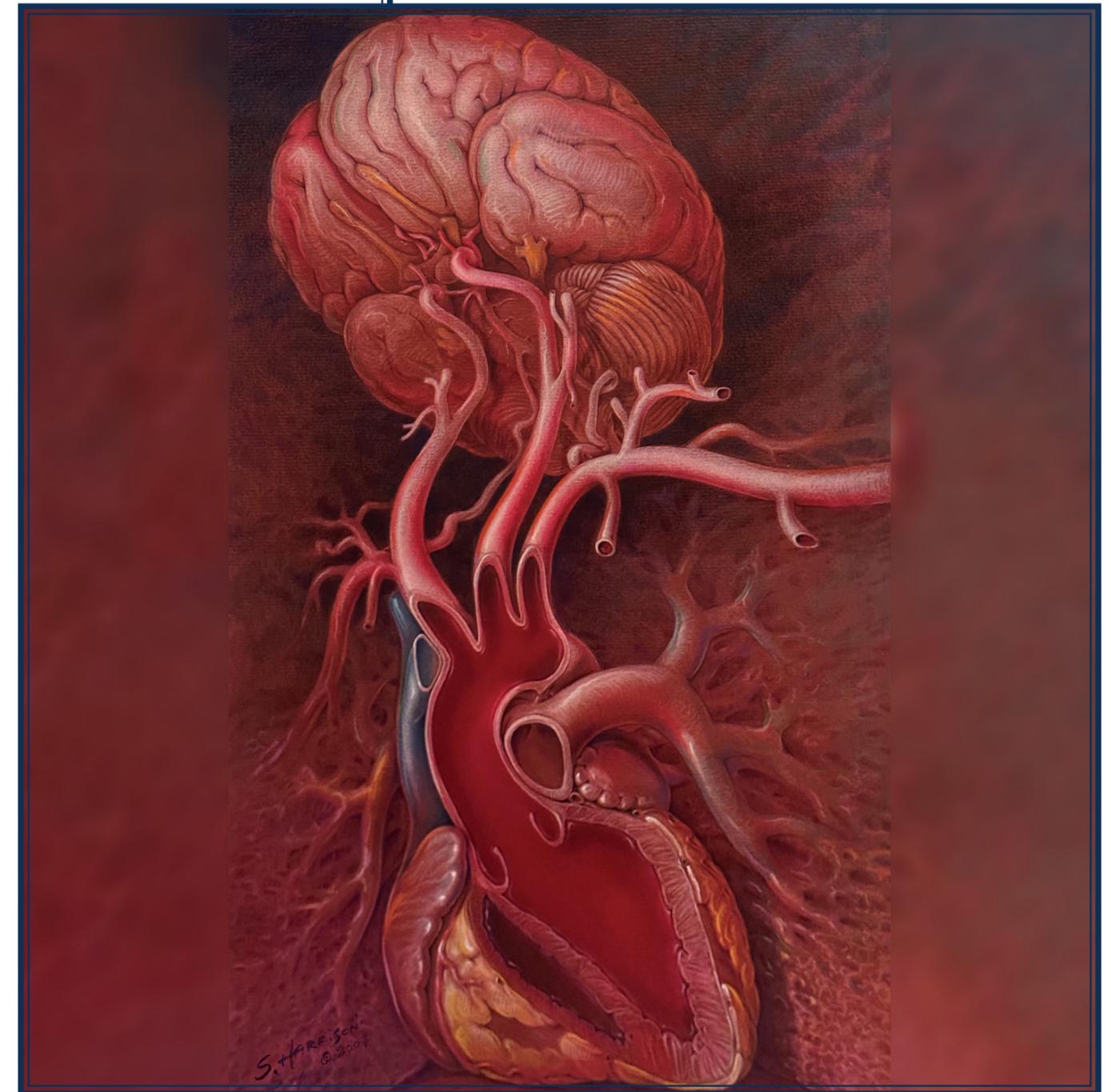
July 12 - 15, 2023

Turtle Point Clubhouse, Kiawah Island, SC



Reminder

Grand Rounds every **Thursday at 8:00 am.**
 Contact Deana Brown for more information at dbrown3@augusta.edu



Feature Article : *Augusta University Heart Brain Clinic*

Cover Illustration : Steven J. Harrison, PhD, CMI, FAMI

MESSAGE FROM THE CHAIR



Dear Friends and Colleagues,

I am excited to share with you the latest updates and news from the MCG Department of Neurology celebrating our outstanding faculty and residents.

This month in the newsletter, we would like to share our new PFO closure clinic. This is an exciting collaboration between vascular neurology, led by Dr Bruno and Singh, and Dr Atianzar, in interventional cardiology. Our goal is to improve the selection of patients for closure by combining the neurology and cardiology clinic visit together and to shorten the time to closure for appropriate candidates. Please let us know if you have a patient who may benefit from joint appraisal.

In celebration of 50 years of the Medical College of Georgia Department of Neurology, we are holding our first ever alumni reunion on March 11 at the Marriott in downtown Augusta. The afternoon will feature a state-of-the-art CME from our faculty followed by time to reminisce in the evening. For those who plan to attend the AAN annual meeting in Boston this year, let me know if you plan to attend and please be on the look-out for an opportunity to get together with fellow alumni on Tuesday evening.

Finally, with deep sadness, I want to share the passing of Dr Mel Haas on August 27, 2022 at the age of 82. Mel was a fixture of neurology in the Augusta and Aiken areas for close to 50 years. He loved neurology and MCG with a passion that never waned and was seeing his own patients up until the days before his passing. A beacon of fortitude and resilience, he continued to volunteer his time to our resident continuity clinic until the very end. There may not have a resident in our program who did not benefit from his mentorship. I will miss my correspondence with Mel and his presence in our clinic.

We couldn't succeed without your support. Please keep in touch and hope to see you soon.

Best Wishes,

Jeffrey A. Switzer, DO, MCTS, FAHA, FAAN
Professor and Chair of Neurology
Director, Telestroke and Teleneurology
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We would appreciate donations that will allow our clinic to operate and grow. Please go to <https://www.augusta.edu/giving/neurology.php> to reach our donation page.

FACULTY UPDATE



Gerald Wallace, MD, MSc joined the Georgia Cancer Center (GCC) in August of 2022 as their second Neuro-Oncologist. Originally from Conway, SC, Dr. Wallace went on to earn his undergraduate degree from Furman University, his Master's degree from MUSC, and MD from Ross University School of Medicine. He completed neurology residency including a year as chief resident at MCG before completing a fellowship in Neuro-Oncology at the H. Lee Moffitt Cancer Center. His main research interests include treatment of neurological complications of cancer and metastatic CNS tumors including treatment for leptomeningeal disease. To that end, he is building the first leptomeningeal cancer clinic for solid tumors at GCC. When not at work, he enjoys traveling and exploring new places with his wife and son.

FEATURE ARTICLE

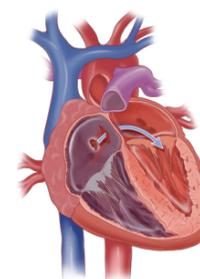
Augusta University Heart Brain Clinic

Askiel Bruno, MD



From left: Askiel Bruno, MD, Kimberly Atianzar, MD, Dilip Singh, MD

The issue



Many strokes are caused by emboli originating in the heart, and some strokes even by emboli originating in veins. One way an embolus from a vein can end up in a cerebral artery is by passing through a patent foramen ovale (PFO) from the right to the left atrium. In approximately one out of five people the PFO does not seal completely soon after birth. Although many people with a PFO never seem to develop a complication from it, in some people this leakage can be a path for emboli to the brain causing a TIA or stroke. After a TIA or stroke a PFO is usually

discovered during work up on a transthoracic echocardiogram with a bubble (contrast) study.

The challenge

The challenge is determining whether a PFO was involved in causing a TIA or a stroke and how best to prevent recurrent stroke. In general, the risk of stroke related to a PFO is relatively small compared to the more common disorder of atrial fibrillation for example, that usually develops in late life. Certain characteristics of the PFO, such as size, and other heart abnormalities help predict the risk of a particular PFO resulting in a stroke. This is where input from a structural cardiologist is important. In addition, there are spells that mimic TIAs and there are different types of ischemic stroke, not all related to a PFO. This is where input from a stroke neurologist is important.

When a PFO is determined to be related to a stroke, clinical trials have established a small but clear benefit from having the PFO closed using clamping type devices deployed via a catheter. Among younger patients with a PFO and stroke, the PFO is more likely to be related to the stroke. In addition, because of longer life expectancy than older patients, younger patients with a PFO related stroke have a greater cumulative risk of another stroke. Therefore, best candidates for PFO closure usually are stroke or TIA patients 60 years of age and younger. Using anticoagulant instead of antiplatelet medications has not been clearly established as effective in preventing stroke related to PFO.