



Introduction
Historical Perspective

Additional Footnotes

a CT angiography with multidetector-row CT, 16-channel or higher. If fewer than 16 channels, interpret CTA with caution.
 b If Signs/Symptoms or high clinical suspicion and (-)CTA, consider arteriogram as the gold standard
 c For positive arteriogram, follow treatment algorithm as per 16-slice CTA results (E and F)
 d If Grade II-V injury is surgically accessible and patient has not suffered completed stroke, pursue operative repair
 e Heparin is preferred in the acute setting, as it is reversible and may be more efficacious than antiplatelet drugs
 f Stenting should be performed with caution, and appropriate antithrombotic therapy administered concurrently
 g Aspirin alone (75-150 mg daily) is adequate and should be considered lifelong as its risk profile is superior to coumadin

Screening for & Treatment of Blunt Cerebrovascular Injuries