鉴别急性缺血性脑卒中和假卒中,但此类检查耗时长,延误缺血性脑卒中急性期救治时间,而缺血性脑卒中急性期脑组织缺血的时间越短救治效果越好。此外,急性期 DWI 阴性也不能完全排除缺血性脑卒中,因此,是否应该增加此类检查以避免假卒中仍不明确[7]。

本组病例中 18 例 DWI 显示无新鲜梗死灶,11 例诊断为很可能的卒中和可能卒中,7 例诊断为假卒中。有研究显示 DWI 阴性的静脉溶栓治疗患者卒中率为 2.2%,其中 DWI 未显示新发病灶但有局灶体征的患者中 63% 为中断的卒中(aborted stroke),<40%为假卒中[3],与本组资料比例相近,但由于目前没有明确统一的标准来区分中断的卒中和假卒中,更多是通过临床经验来综合判断,因此,假卒中的诊断率可能随着溶栓治疗的普及和样本量的增加而发生变化。

综上所述,急诊脑血管病专科医生应根据患者病史和检查结果尽快鉴别急性缺血性脑卒中与假卒中,由于假卒中溶栓治疗相关出血风险较小,有经验的临床医生在排除出血风险前提下,对不能排除急性卒中的患者还是应积极应用静脉溶栓治疗,以免耽误病情。

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