

## ESO Guideline Webinar, 30 October 2023, Q&A

Responses to questions on ESO Guideline on Cerebral Small Vessel Disease, Part 2, Lacunar Ischaemic Stroke by the guideline chairs Joanna M Wardlaw, University of Edinburgh, and Arne Lindgren, Lund University and Skåne University Hospital in Lund, Sweden.

- *Where a patient has multiple lacunar infarcts, is on good vascular secondary prevention but present with a further event – what should we do?*

If a patient has previously had multiple lacunar ischaemic strokes presents with a new clinical lacunar ischaemic infarct: Consider possible alternate pathogenetic mechanisms: Cardioembolic and extra- or intracranial large artery atherosclerotic disease should be considered because on rare occasions, these may clinically present as a lacunar ischaemic stroke. Also check whether the patient has unusual clinical or laboratory findings, or a specific clinical syndrome suggesting e.g. a rare cause or a hereditary disease. Be especially vigilant in people aged under approximately 60 years.

If, after careful investigations, all of the above has been ruled out, in the short term consider DAPT as described in the SVD part 2 GL, followed by SAPT where it may be possible to change from aspirin to clopidogrel or from clopidogrel to aspirin. Also carefully ascertain that the other recommendations in the SVD part 2 GL are strictly followed.

- *How important is lipid management in lacunar stroke secondary prevention?*

As pointed out in the SVD part 2 GL, the quality of the evidence is low, but a meta-analysis of two substudies on patients with lacunar ischaemic stroke showed a (non-significant) trend for lipid lowering being of benefit. Therefore, even though it may not be of major importance, all members of the GL MWG group agreed that that patients with lacunar ischaemic stroke should receive lipid lowering therapy.

- *Can you comment on management of the ‘capsular warning syndrome’?*

Evaluate whether the pathogenetic mechanism is really a “capsular warning syndrome” and no other mechanism is present. If a “true capsular warning syndrome” is diagnosed, it is recommended to treat this as other acute ischaemic strokes with special emphasis to follow the current SVD part 2 GL for acute lacunar ischaemic stroke. PICO 4 discusses ‘progressive lacunar ischaemic stroke’, a summary term that includes ‘capsular warning syndrome’, in some detail.