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Time to Discontinue Use of the Term Stroke in Neuroradiology

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Time to Discontinue Use of the Term Stroke in Neuroradiology

We read with interest the editorial of Aftab and Salman¹ about discontinuing the use of the term “hemorrhagic stroke.” The word “stroke” was coined in medicine to define an acute focal deficit event of the central nervous system of vascular origin² and has been very useful in clinical practice. The division into ischemic and hemorrhagic has served to make a rapid classification of acute cerebrovascular events.

The term “stroke” is unique in the medical literature in English and is not used in other languages. Older words such as “apoplexy” that have their equivalent in other languages have long since ceased to be used, and it is preferred to use “cerebrovascular attack,” “event,” or “accident.” With the advances in the images of the central nervous system and with the globalization of medical knowledge, it is no longer justified to use the term “stroke” in neuroradiology to define lesions of vascular origin. Terms such as “infarct,” “hypoperfusion,” or “focal ischemia” are more precise and better explain the pathophysiology of the neurologic deficit.

Finally, the editorial says that ischemic events are caused by hypoperfusion of a region of the brain secondary to vascular

occlusion or hypoxia. It seems controversial to say that hypoxia causes cerebral hypoperfusion; usually, the opposite is true.³

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