SCD-Related Cerebrovascular Disease

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complications affecting the brain, including risk of

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SCD-Related Cerebrovascular Disease

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- Adults and children should be screened via brain scans to assess their risk for a silent stroke. Based on the screening:

  Children can receive regular blood transfusions to reduce the risk of a new stroke, another silent stroke, or both. In addition, screening can identify children who have already had a silent stroke and are therefore eligible for school-based resources and other types of educational support.

- In children age 2-16 years with the most common type of SCD who have abnormal brain scan measurements: receiving monthly blood transfusion therapy - over no transfusion - is recommended in order to decrease the 1 in 10 risk of having a stroke in the next 12 months.
- In children age 2-16 years with SCD, living in low-resource settings with abnormal ultrasound brain scan measurements, and unable to receive regular blood transfusion therapy: hydroxyurea therapy - over no therapy - is recommended to decrease the 1 in 10 risk of having a stroke in the next 12 months.
- In children and adults presenting with acute strokes: physicians should consider performing a simple red blood cell transfusion without delaying for sub-specialty consults or a definitive diagnosis of stroke via brain scan.

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