CADASIL EMERGENCY REFERENCE CARD

Cerebral Autosomal Dominant Arteriopathy with Subcortical Infarcts & Leukoencephalopathy

IMPORTANT INFORMATION

*Avoid Thrombolytics and Anticoagulant Treatments which aim at unblockin blood vessels as they increase the risk of a cerebral hemorrhage.
*Avoid Vasoconstricting Medicines (issued from rye ergot or from Triptan) may increase the risk of cerebral infarction.
*Avoid Cerebral conventional angiographies (contrast agent within the arteries in the brain for examination of the cerebral vasculature) should be avoided because of potential neurological complications (migraine with extended and severe aura).
*Anesthesia must be monitored as it could cause abrupt changes in blood pressure.

CADASIL Together We Have Hope Non-Profit Organization Since 2005
www.cadasilfoundation.org 512-255-0209 or 1-877-519-HOPE

Updated 2016

CADASIL (is a hereditary autosomal dominant disease affecting all the small cerebral arteries. It causes subcortical infarcts and damages the white matter (leukoencephalopathy) and it is due to various mutations of the Notch3 gene situated on chromosome 19. Clinical Onset: Adult-hood, Recurrent Sub-cortical Ischemic Events, Strokes, Migraines, Headaches, Cognitive Dysfunction, Dementia, Psychiatric Disorders & Neuropathy. If a cerebral stroke is suspected & an MRI exam is done, it will show characteristic appearances with abnormalities in the deeper parts of the brain or white matter. An MRI alone cannot confirm CADASIL. Genetic Testing or a Skin biopsy (Electron Microscope evaluation) is required to diagnose CADASIL.

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