Cerebral Aneurysms/Unruptured Aneurysms found on routine imaging

Refer to Neurosurgery
  • Follow up Imaging
    • Cerebral Angiogram: Gold Standard
    • CTA: Requires contrast
    • MRA: No contrast needed. Unable to see aneurysms under ~2.5mm
      • Good for screening first degree relatives

Adjust Modifiable Risk factors for rupture: HTN, Smoking Cessation, cocaine use,

Headaches: When to image for Brain Tumors/Cranial Pathology:
  • Abnormal Neurologic exam
  • Signs of increased intracranial pressure: Projectile vomiting, Papilledema, morning headache
  • Parinaud’s phenomenon (Up-gaze palsy)
  • Failure to respond to medical therapy; History of cancer
  • Progressive lateralized headaches

Radicular Neck Pain:
Check Hoffman’s and Deep Tendon Reflexes
Myelopathic patients/neurologic deficit: MRI Cervical

Low Back Pain/Radicular Back Pain:
  Red Flags: Weakness; New numbness or sensory deficit; Bowel or bladder dysfunction; Hoffman’s or clonus; Sphincter function; History of cancer; Unexplained weight loss; Intravenous drug use; Prolonged use of corticosteroids; Older age; Major Trauma; Osteoporosis; Fever; Back pain at rest or at night