## Stroke Classification OCSP Classification of Infarcts

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# **OCSP** Classification of Infarcts

Total Anterior Circulation Stroke

TACS

Partial Anterior Circulation Stroke

PACS

Lacunar Stroke

LACS

Posterior Circulation Stroke
 POCS

# **OCSP** Classification of Infarcts

- Bamford et al (1991)
   Oxfordshire Community Stroke Project
   675 stroke patients 543 Cerebral Infarction
- Stroke subtypes Stratification by Clinical Presentation
- Valid & Reliable Lindley et al (1993), Lindgren et al (1994), Mead (2000), Wlodek et al (2004) – CT / MRI

#### Stroke Subtypes



 TACS: presentation with a combination of new higher cerebral dysfunction, homonymous visuospatial field deficit and motor and/or sensory deficit of at least two areas of the face, arm and leg. Vascular occlusion related to either blockage of both anterior and middle cerebral arteries or both cortical and deep perforating branches of the middle cerebral artery.

#### Blocked blood vessels





 PACS: presentation with any two of the above.
 Vascular occlusion restricted to cortical branches of the middle or anterior cerebral arteries with sparing of the internal capsule.



 LACS: presentation with pure motor stroke, pure sensory stroke, sensorimotor stroke, ataxic hemiparesis or acute focal movement disorder. Vascular occlusion related to deep perforating vessels of all cerebral arteries to include the perfusion of the internal capsule and diencephalon.

### Likely blocked blood vessels





 POCS: presentation with ipsilateral cranial nerve palsy plus contra-lateral hemiplegia, bilateral motor/sensory deficit, disconjugate gaze, cerebellar dysfunction or isolated homonymous visual field defects. Vascular occlusion related to the circulation arising from vertebro-basilar arterial distribution.





#### Primary intra-cerebral haemorrhage?

- Imaging will exclude haemorrhagic stroke
- A PICH will be classified as TACS, PACS, LACS or POCS
- A confirmed infarct will be classified as TACI, PACI, LACI or POCI

## Likely ruptured blood vessels





## How to decide on Classification

- Anterior or Posterior circulation?
   Posterior → POCS
   Anterior then →
- Cortical involvement?
  - No  $\longrightarrow$  LACS
  - Yes, then how extensive?
- Limited  $\rightarrow$  PACS
- Extensive → TACS

Scan to exclude haemorrhage

# How does knowing this help?

• Prognosing recovery from stroke?

• Informing clinical reasoning?

• Improving multidisciplinary goal setting?



### **OCSP** Classification

Features	TACS	PACS	LACS	POCS
Site of lesion	79 %	71 %	73 %	83 %
Size of lesion	Large	Medium	Small	Med-Small
Causation - carotid dis.	High	High	Low	Irrelevant
- cardioembo	High	High	Low	Medium
Recurrence	6 %	17 %	9 %	20 %

#### **OCSP** Classification

Outcome	TACS	PACS	LACS	POCS
Dead	60 %	16 %	11 %	19 %
Dependent	36 %	29 %	28 %	18 %
Independent	4 %	55 %	60 %	62 %

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