

# Neurosurgery Pearls for the Primary Care Physician

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## 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