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Modulo per la sottomissione abstract di ricerca CLINICA

Titolo (massimo **15 parole**)

Outcome of patients with large vessel occlusion, mild symptoms, and reperfusion therapies: analysis of the Swiss Stroke Registry (SSR).

Autori (cognome e iniziali, es: Grassi L.)

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Testo (massimo **250 parole**, preferibilmente in italiano (accettato anche in inglese), suddiviso in Introduzione, **Metodi, Risultati, Conclusioni e Finanziamento**)

Introduction

The efficacy and safety of endovascular treatment (EVT) in patients with acute ischaemic stroke, large vessel occlusion (LVO) and mild symptoms has not been proven. Large RC EVT trials mainly excluded patients with NIHSS ≤ 5 . We compared functional outcome and safety after 90 days in stroke patients with LVO and low NIHSS (≤ 5) undergoing EVT vs Intravenous thrombolysis (IVT).

Multicenter retrospective analysis of data from the SSR. Differences in NIHSS and mRankin Scale (mRS) between IVT and EVT were tested using linear and logistic regressions adjusted by age, sex, baseline NIHSS, mRS, time to treatment and mismatch on perfusion images.

The analysis included 287 patients (IVT n=170; EVT n=117). Baseline characteristics were comparable between the two groups. NIHSS worsening at 24 hours was higher in EVT than IVT patients ($\beta=1.91$, $p=0.001$). The proportion of patients reaching excellent outcome (mRS=0-1) and independency (mR=0-2) at 3 months, in EVT vs IVT, was 59.0% vs 69.4% (OR=0.62, 95%CI=0.32-1.20, $p=0.163$) and 77.7% vs 86.4% (OR=0.85, 95% CI=0.34-2.11, $p=0.734$), respectively. Death occurred in 9.4% of EVT vs 1.7% of IVT (OR=7.76, 95% CI=1.39-43.23, $p=0.019$). Age was inversely associated with outcome and independency ($p=0.004$ and $p=0.007$), and directly associated with death ($p=0.030$). Mismatch on perfusion images was a positive predictor of excellent outcome ($p=0.009$).

EVT and IVT appear similarly effective in terms of excellent outcome and independence at 3 months, in stroke patients with LVO and mild neurological symptoms. Benefits should be weighted with a potentially increased risk of death after EVT, particularly in elderly patients.

Funding

Existing departmental funds, possible submission to Swiss Heart Foundation

Visto superiore (prego indicare Nome e Cognome del superiore)

Carlo Cereda

Criteria per sottomissione Abstract:
NO Case report
NO Abstract senza nessun risultato
VISTO da un superiore

Invio Abstract

