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O001 / #2217

DOOR TO NEEDLE TIME (2016-2023): GLOBAL PERSPECTIVE FROM REGISTRY OF STROKE CARE QUALITY (RES-Q)

FREE COMMUNICATIONS 01: HYPERACUTE STROKE TREATMENT INCLUDING PREHOSPITAL CARE AND STROKE SERVICES

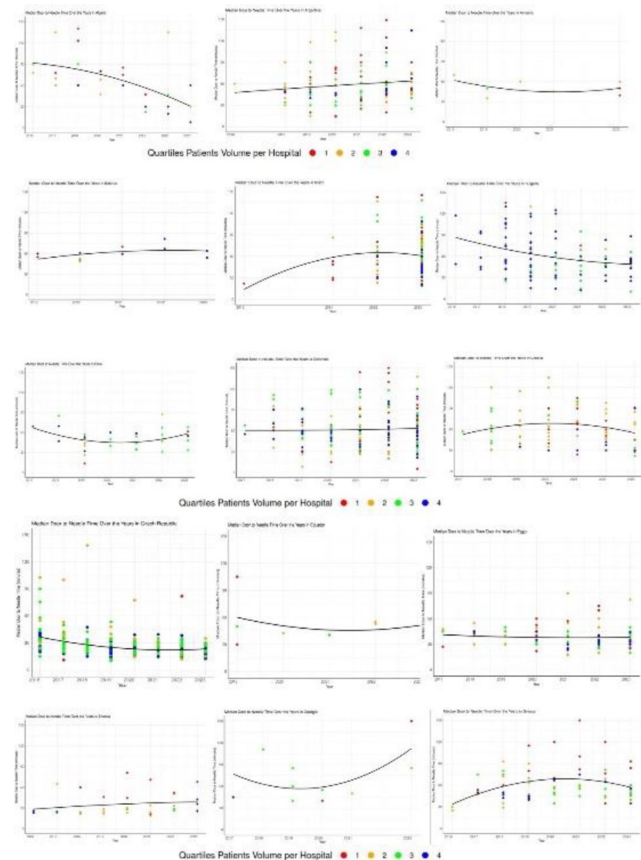
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Background and Aims: Global disparities in access to acute stroke care remain an important challenge. This study utilizes data from the Global Registry of Stroke Care Quality (RES-Q) to analyze variations in Door to Needle Time (DNT) and stroke care quality across nations.

Methods: DNT data from 2016 to 2023 were analyzed using second-degree polynomial regression to identify non-linear trends. Hospitals were categorized annually into quartiles based on patient volume, from quartile 1 (lowest) to quartile 4 (highest).

Results: Out of 788,772 patients from 1,615 hospitals in 50 countries, 648,662 had an ischemic stroke. Excluding 42,648 secondary transfers



and 16,674 cases with missing or erroneous data, 118,649 patients (20%) from 1,426 hospitals in 45 countries were analyzed. The shortest median DNT was 10 minutes in Slovakia, and the longest was 150 minutes in Colombia, Georgia, Greece, Hungary, Italy, Mexico, and Peru. Ukraine showed the largest improvement, with a reduction of 59.5 minutes (Figs. 1-3).

Methods: Patients were randomly allocated into 2 groups: Group I: received heparin reversal by protamine sulfate, with follow-up PTT. When PTT drops to < 40 sec, IVT was administered at a dose of 0.9mg/ Kg Group II: As per current guidelines control group who formerly received prophylactic loading antiplatelets (before PCI), conservatively followed up by clinical and radiological scales.

Results: There was no patient mortality in the intervention group. On the conservative group, one patient died due to cardiological complication. There was significant improvement in NIH scoring and mRS on discharge and in 3-months follow up and shorter length of stay in the intervention group.

Conclusions: IVT after heparin reversal by protamine sulfate in patients who developed stroke after PCI has shown to be safe with no reported mortality and no cases with symptomatic ICH or significant bleeding from other sites. It also shows its effectiveness in improving stroke outcomes.

EP024 / #2275

CASE REPORT OF 105 YEARS OLD THROMBOLYSED PATIENT

E-POSTER VIEWING: AS01. HYPERACUTE STROKE TREATMENT INCLUDING PREHOSPITAL CARE AND STROKE SERVICES

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Background and Aims: The incidence of ischemic stroke is significantly high among elderly patients, with one-third of stroke cases occurring in individuals over 80 years old. Clinicians are reluctant in administering thrombolysis to elderly patients due to apprehensions regarding increased risks of intracerebral haemorrhage and poor prognosis.

Methods: Case Report

Results: A 105-year-old female presented with right-sided weakness and expressive aphasia, as witnessed by her son. She had a medical history of hypertension, a permanent pacemaker, and chronic kidney disease. The patient did not have a history of smoking or alcohol consumption and utilized a walking stick for mobility. Upon initial examination, the patient was hemodynamically stable but exhibited expressive aphasia, drift in the right upper limb, and dense weakness in the right lower limb, resulting in a National Institutes of Health Stroke Scale (NIHSS) score of 8. A CT head scan revealed no contraindications for thrombolysis, and the patient underwent thrombolysis within 48 minutes of presentation. Post thrombolysis, her speech was normal, power in the right lower limb graded at

4/5, an NIHSS score of 1. A post-thrombolysis CT head scan showed no evidence of infarction or haemorrhage. However, an MRI head scan could not be performed due to pacemaker. Upon follow-up in the stroke clinic, the patient was mobile with the assistance of a walking stick.

Conclusions: 105-years-old female patient was thrombolysed successfully without any complications. Benefits of thrombolysis is similar in advanced age and younger stroke patients. Reference: PMID:18755405 DOI: 10.1016/j.jstrokecerebrovasdis.2008.03.003 BMJ 2010; 341 doi:https://doi.org/10.1136/bmj.c6046 (Published 24 November 2010) Cite this as: BMJ 2010;341:c6046.

EP025 / #2725

CEREBROLYSIN AS AN EARLY ADD-ON TO REPERFUSION THERAPY: TIME-TO-EVENT ANALYSIS OF THE CEREBETIS TRIAL

E-POSTER VIEWING: AS01. HYPERACUTE STROKE TREATMENT INCLUDING PREHOSPITAL CARE AND STROKE SERVICES

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Background and Aims: Cerebrolysin applied alongside intravenous thrombolysis prevents hemorrhagic transformation (HT) and enhances functional recovery in stroke patients. Moreover, patients with high HT risk on admission benefit most from the treatment. However, its effect on HT timing is unclear. Therefore, we conducted time-to-event analysis.

Methods: It was post hoc analysis of the CEREBETIS trial (ISRCTN87656744). Patients with middle cerebral artery infarction (n=238) were selected from the intention-to-treat population. The participants were stratified by the HTI score and dichotomized into the HTI=0 (low risk) and HTI>0 (high risk) cohorts. The analysis time was 14 days; the event was any (AHT) and symptomatic HT (SHT). The Kaplan-Meier estimates, Cox and Gompertz models were used to analyze the data.

Results: In the HTI>0 cohort, Cerebrolysin reduced HT risk with a hazard ratio of 0.245 (95% CI, 0.072-0.837, p=0.025) and 0.543 (95% CI, 0.297-0.991, p=0.047) for SHT and AHT, respectively. The population attributable fraction was 0.466 (95% CI, 0.239-0.626) and 0.282 (95% CI, 0.052-0.457), and the difference (Cerebrolysin-Control) in the restricted mean survival time was 1.75 (95% CI, 0.41-3.1, p=0.011) and 2.33 days (95% CI, 0.38-4.29, p=0.019) for SHT and AHT, respectively. The SHT hazard function leveled off by day 3 in the Cerebrolysin and by day 5 in the control arm. However, the treatment was neutral in the HTI=0 cohort.

Conclusions: Cerebrolysin treatment resulted in an early and significant reduction of HT risk in patients with HTI>0 on admission. The findings can be reasonable grounds for shortening timing for resuming anticoagulation in the affected patients with atrial fibrillation.

EP026 / #2789

PREDICTORS OF EARLY DECOMPRESSION, MORTALITY, AND FUNCTIONAL OUTCOME IN ACUTE ISCHEMIC STROKE PATIENTS UNDERGOING DECOMPRESSIVE HEMICRANIECTOMY: A RETROSPECTIVE STUDY

E-POSTER VIEWING: AS01. HYPERACUTE STROKE TREATMENT INCLUDING PREHOSPITAL CARE AND STROKE SERVICES

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Investigations		
Blood Results	On Admission	In Follow Up Clinic
Creatinine	84 umol/L	74 umol/L
eGFR	48	55
HbA1c	45 mmol/mol	Not applicable
Haemoglobin	112 g/L	101 g/L
WBC	8.1 × 10 ⁹ /L	6.80 × 10 ⁹ /L
Platelets	198 × 10 ⁹ /L	169 × 10 ⁹ /L
Cholesterol	3.5 mmol/L	
TG	2.0 mmol/L	
Non-HDL cholesterol	2.8 mmol/L	
Calculated LDL	1.9 mmol/L	

Imaging	Results
CT Head On Admission	No Contra Indication for Thrombolysis
CT Head Post Thrombolysis	No evidence of Infarct, Intra cerebral haemorrhage
MRI Head	NOT DONE, as patient has pacemaker