GREATER INFARCT GROWTH-LIMITING EFFECT OF MECHANICAL THROMBECTOMY IN STROKE PATIENTS WITH POOR COLLATERALS

A. Renú1, C. Laredo1, C. Montejo1, Y. Zhao1, N. Macias2, L. Llull1, F. Zarco2, S. Amaro1, M. Werner2,
B. V. Obach1, J. Macho2, A. Chamorro1, X. Urra1.
1Comprehensive Stroke Center, Neurology, Hospital Clínic, Barcelona (Spain).
2Comprehensive Stroke Center, Radiology, Hospital Clínic, Barcelona (Spain).

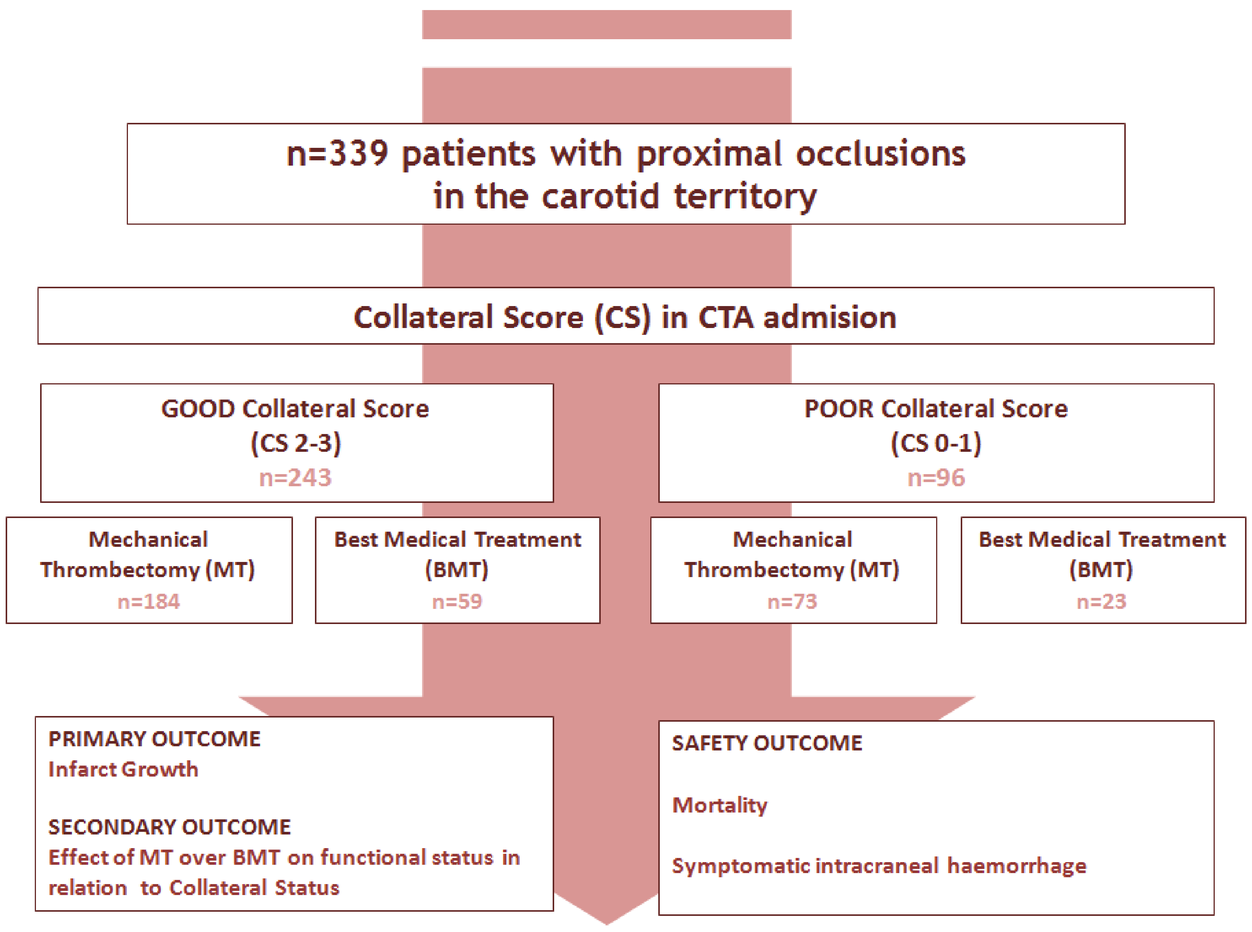
Background

Stroke patients with good collateral circulation achieve the best recovery after mechanical thrombectomy (MT), but strict imaging selection may leave untreated patients that could benefit from MT.

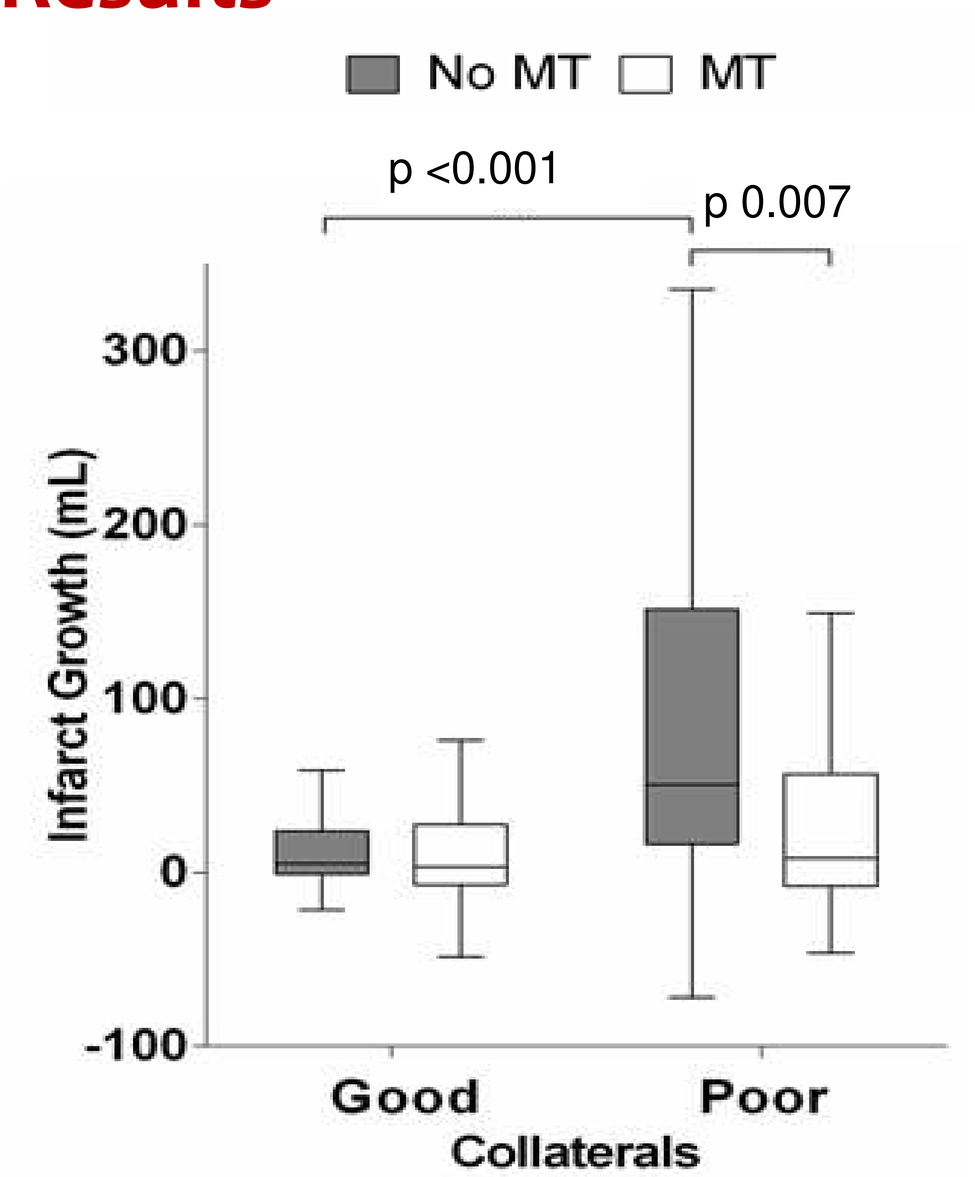
Objective

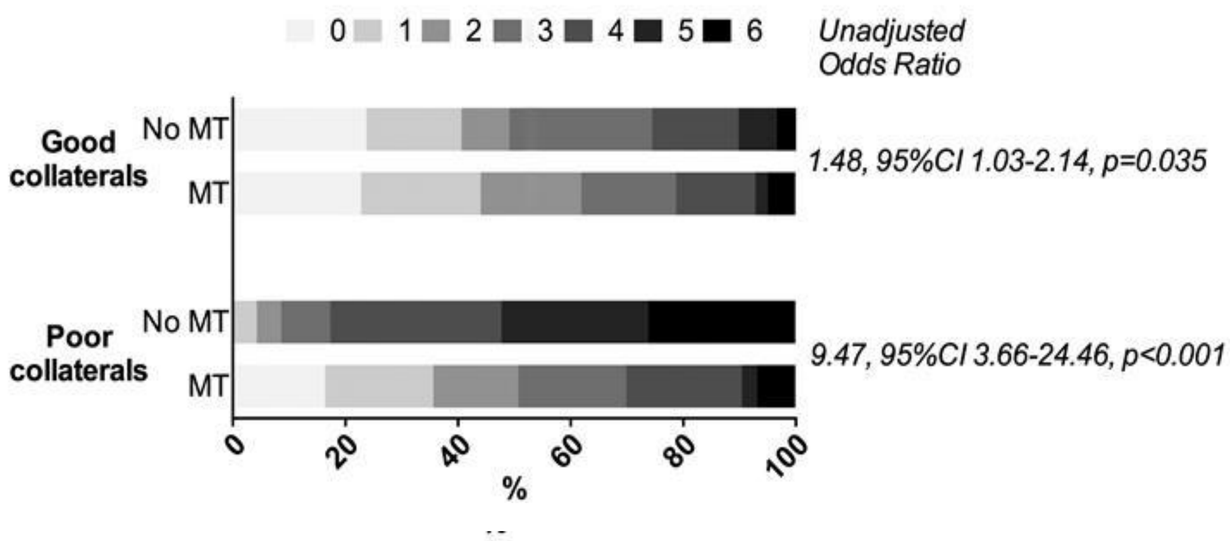
We assessed whether the extent of collaterals had modifying effects on the amount of ischemic tissue saved from infarction with MT over best medical treatment (BMT).

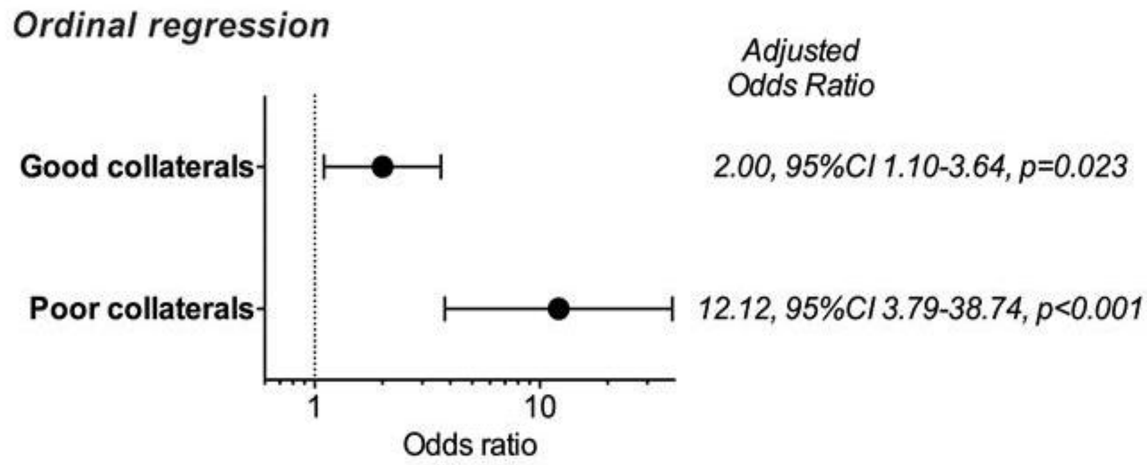
Methods



Results







Ordinal regression models adjusted for age, sex, admission NIHSS, ASPECTS, intravenous tPA administration, occlusion site, time to imaging, initial infarct core volume, initial delay volume, atrial fibrillation, and treatment period (up to 2014 or after 2014).

Conclusions

The benefit of MT compared to BMT regarding infarct growth limitation may be even more substantial in patients with poor collaterals than in patients with good collaterals.

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