ACUTE ISCHAEMIC STROKE TREATMENT AT AORN CARDARELLI NAPLES: A RETROSPECTIVE ANALYSIS OF THE FIRST 250 PATIENTS

Candelaresi P, Servillo G, Alfieri G, Andreone V, Di Iorio W, Maniscalco G, Manzo V, Napolitano M, Ranieri A, Renna R, Rippa M, and Florio C

Neurology & Stroke Unit, AORN Antonio Cardarelli,
via Cardarelli 9, 80131, Naples, Italy

Introduction

The widespread availability of acute stroke treatments has historically been patchy especially in the South of Italy. Here we present the analysis of the first year of acute ischaemic stroke treatment at AORN Cardarelli Hospital, Naples, Italy.

Patients and Methods

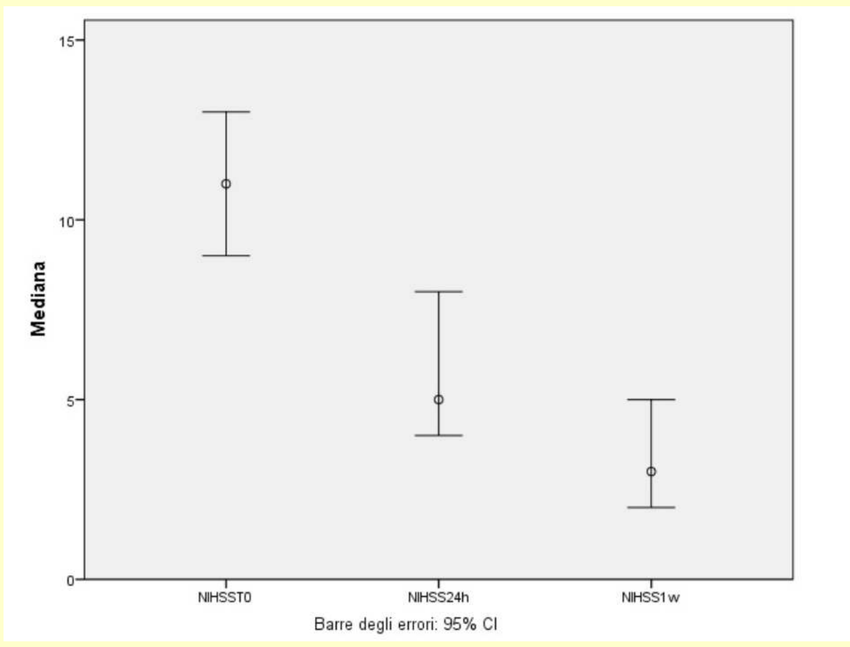
Data regarding the first 250 consecutive patients (female 49.6%) who underwent reperfusion treatments since August 2017 to December 2018.

We analysed:
1) number and percentage of patients admitted to our ward treated with acute therapies
2) pre-hospital and in-hospital delays
3) early outcome defined as the Delta NIHSS score between admission and discharge
4) complications

In a subgroup analysis we demonstrated the progressive reduction in treatment delay.

Results

	2017	2018
Number of treated patients	39(28.2%)	211(45.1%)
IVT	29(74.3%)	116(55%)
Bridgings	2(5.1%)	54(25.6%)
Primary EVT	8(20.5%)	41(19.4%)
Prehospital delay(IQR)	71 min(53-149)	100 min(67-142)
Basal NIHSS(IQR)	14(11-16)	12(7-18)
Door-to-needle time(IQR)	107(88-172)	80(59-111)
Door-to-Groin time(IQR)	191(150-260)	138(117-186)
Discharge NIHSS(IQR)	7(3-14)	3(0-10)
Wake-up/unwitnessed	1(2.5%)	24(11.3%)



The year 2018 was divided in 4 trimesters.

	Jan-March	Apr-June	July-Sept	Oct-Dec	
Door-to-needle	117	87	63	78	P<0.05
Door-to-Groin	167	140	126	135	Pns

Delta-NIHSS between admission and discharge was statistically significant (p<0.05)

90-days-mRS was available for 30% of patients: of them: **54.8% were independent** (mRS 0-2), whereas 30% were dead

Complications:

SICH	15(6%)
Fatal ICH	7(2.8%)
Angioedema	1(0.5%)
Arterial dissection	1(0.9%)
Arterial perforation	1(0.9%)

Discussion and Conclusion

This analysis showed the increase in the number of patients treated with acute reperfusion therapies since August 2017. Accordingly, the in-hospital delays progressively and significantly lowered. Further lowering of in-hospital delays and patients' loss at follow-up are the coming objectives.

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