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- **Abstract title:** MANAGEMENT AND OUTCOME OF IN-HOSPITAL ISCHEMIC STROKES ELIGIBLE TO THROMBOLYSIS: FINDINGS FROM THE RESUVAL REGISTRY

- **Abstract text:**

Background. Literature has shown that in-hospital strokes (IHS) were associated to longer management delays, tended to be more severe than out-of-hospital strokes (OHS) and associated to worst prognosis. This study aimed to investigate management and outcome of IHS from the French RESUVal registry.

Methods. Data were retrospectively analyzed from an observational prospective multicentric registry of acute ischemic strokes. All eligible patients to tissue plasminogen activator (tPA) from 5 primary and 1 comprehensive stroke centers were reported, without age or delay limitations.

Results. From 2010 to 2016, we enrolled 137 IHS. They were more associated with risk factors than OHS with more cardiovascular history (42.34% vs 20.82%, p<0.0001), hypertension (69.34% vs 54.56%, p=0.0015) and more active smokers (29.20% vs 21.23%, p=0.0465). The delay symptom-thrombolysis was 35 minutes shorter (120 [90;150] vs 155 [125;195], p<0.0001) as well as the delay symptom-imaging (MRI/CT-Scan) (67 [36;105] vs 116 [89;153], p<0.0001). After risk adjustment, IHS and OHS presented good functional outcomes before stroke (mRS=0) (67.74% vs 70.63%, p=0.7201). At 3 months, differences increased with more IHS with degraded mRS (mRS=3/4/5) (26.61% vs 18.25%, p=0.0004). The occurrence of stroke when the patient is hospitalized was not a determinant for worst prognosis at 3 months (death or modified Rankin Score ≥3) (RR 1.17, IC 95% [0.87;1.59], p=0.3019).

Conclusion. Federation of emergency physicians and neurologists with common guidelines have led to a high-quality of care in the acute ischemic stroke management.