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- **Abstract title:** IMPACT OF NIHSS IN ISCHEMIC STROKE TO ACCESS TO THROMBOLYSIS: FINDINGS FROM THE RESUVAL REGISTRY

- **Abstract text:**

Background. Literature highlighted increased prehospital and reperfusion delays for strokes associated to low neurological deficit. Our study aimed to compare management delays depending on the NIHSS (National Institute of Health Stroke Score) in the RESUVal registry.

Methods. We retrospectively analysed data from an observational prospective multicentric registry of acute ischemic strokes. All eligible patients to thrombolysis from 5 primary (PSC) and 1 comprehensive stroke centers (CSC) were reported with no age or delay limitations.

Results. From 2010 to 2017, we enrolled 2307 out-of-hospital strokes; 21% of minor strokes (NIHSS 0-4), 35% of moderate (5-10), 18% of moderate to severe (11-15), 19% of severe (NIHSS 16-20) and 7% of serious strokes (NIHSS>20). Except younger age among minor strokes (70 y [58;81]), cardiovascular risk factors were similar between groups. Minor strokes were associated with longer delay symptom - first medical contact (45 min [20;94] vs 41[15;80] vs 32[15;65] vs 30[15;60] vs 30[18.5;65]) and symptom - first admission (95 [65;123] vs 90[69;120] vs 81 (60;110] vs 82 [60;109] vs 80 [65;110]). The delay admission PSC/CSC - thrombolysis was extended in minor strokes (59 [47;78] vs 55 [44;72] vs 53[41;65] vs 50 [41;65] vs 53 [43;67]), minor strokes were associated with better functional outcome at 3 months (mRS  $\leq 2$ : 86.48%vs 74.49% vs 50.49%vs 28.57% vs 38.19%) and lower mortality (2.64% vs 5.06% vs 12.24% vs 20.84% vs 32.56%).

Conclusion. Despite a better prognosis, we can still improve delays in minor stroke management through our area. It could go through a public information program.