

Impact of NIHSS in ischemic stroke to access to thrombolysis : Findings from the RESUVal registry

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Background & Objectives

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.**

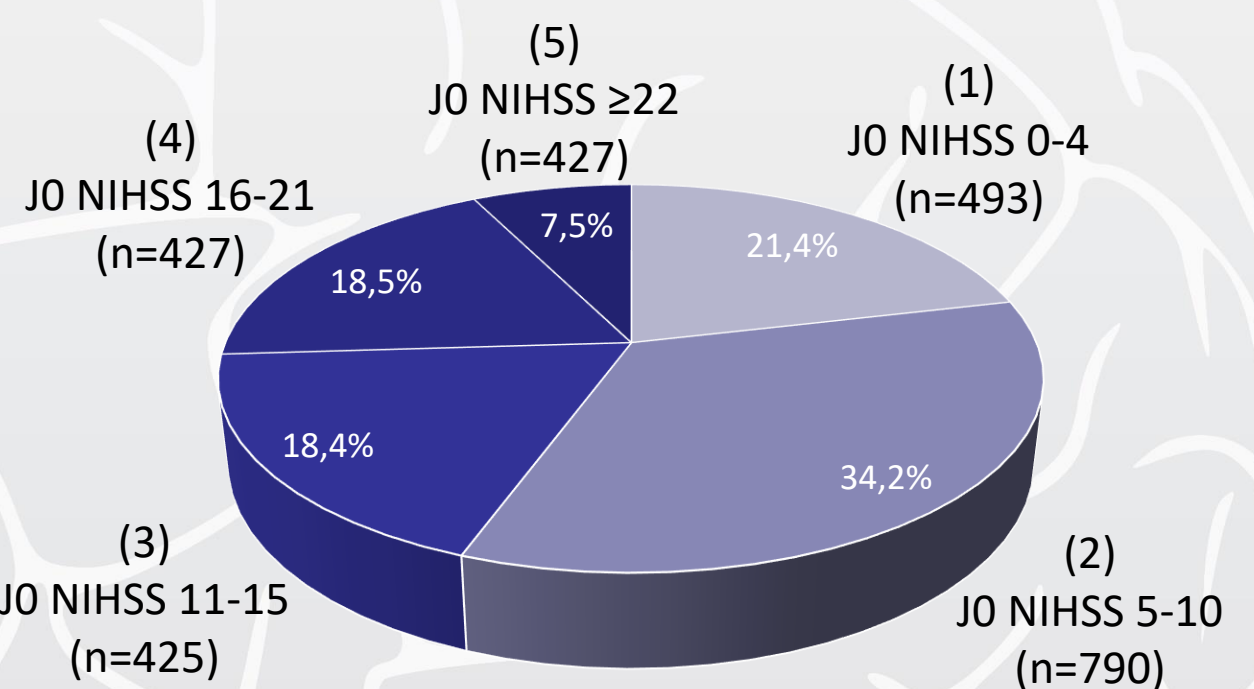
Material & Method

We retrospectively analyzed 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

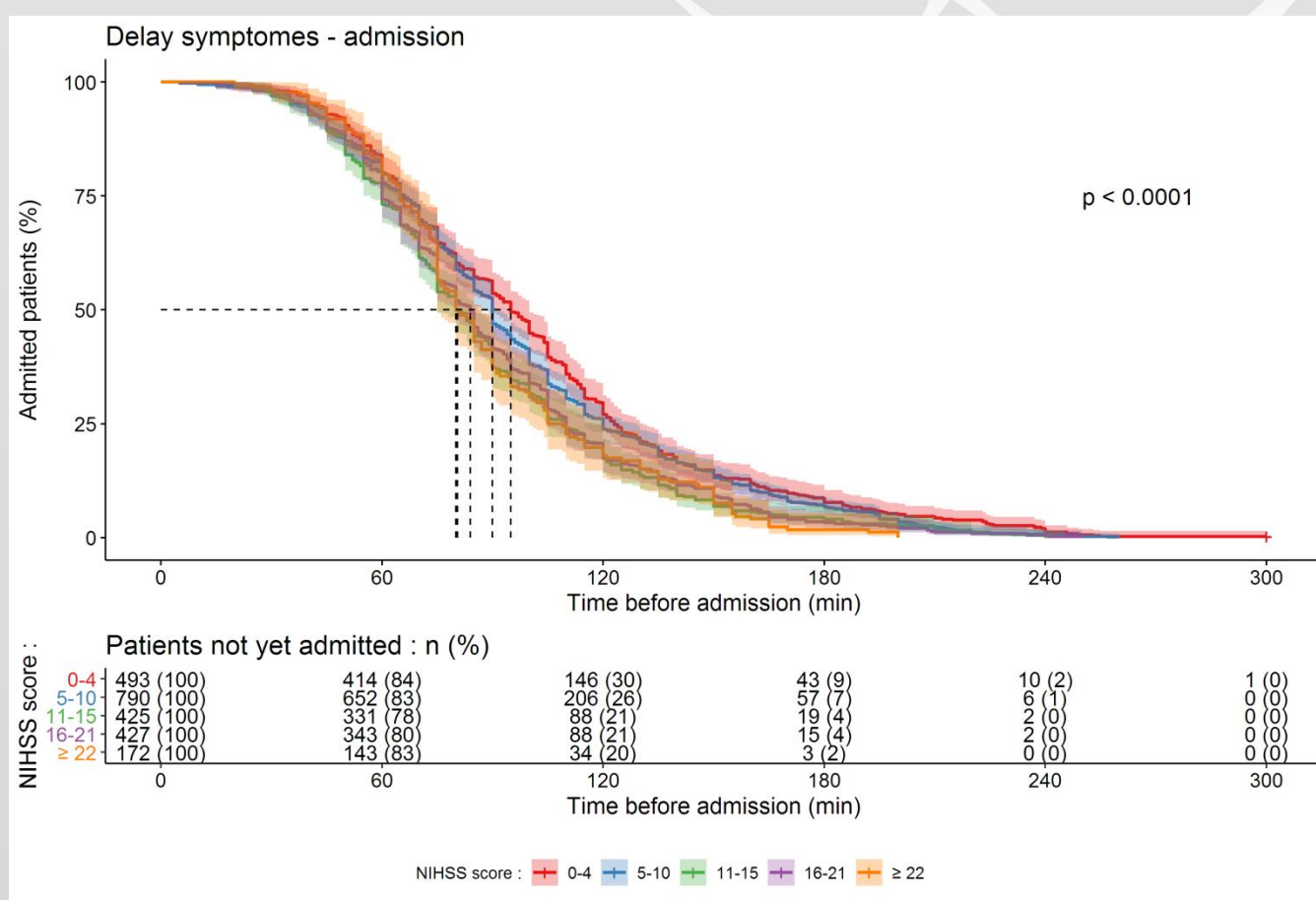
Baseline characteristics. Cardiovascular risk factors were similar between groups, except for younger age among minor strokes (70 y [58;81]). The management of minor strokes was associated with less contact from Emergency Medical Service to neurologist (60.79% vs 63.05% vs 70.35% vs 67.05% vs 73.19%).

Delays. 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[19;65]) and symptom-first admission (95 [65;123] vs 90 [66;120] vs 80 [60;110] vs 84 [60;110] vs 81 [65;109]). The delay admission-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]).



No visible occlusion were found more often on minor strokes imaging (48.88% vs 40.13% vs 20.24% vs 8.67% vs 4.07%). After hospital management, most of minor strokes returned home (70.16% vs 51.37% vs 32.62% vs 21.14% vs 8.11%).

Functional outcome. Minor strokes were associated with better functional outcome at 3 months (mRS≤2: 86.01%vs 74.49% vs 50.49%vs 35.81% vs 18.62%) 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. Actions like public information program could be organized.

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