

## Compare the Hemorrhagic Complication Rate After Intraarterial Thrombolysis with Stent Retrievers Weather tPA Infusion or Not

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### Introduction

Intraarterial thrombolytic therapy (IA-Tx) with stent retriever is accepted as an additional treatment for selected patients. But hemorrhagic complication rate weather intravenous tissue plasminogen administration or not before the IA-Tx with Solitaire device, is not reported yet. Authors tried to find the clinical outcomes according to the IV-tPA before the IA-Tx and perfusion diffusion mismatching (P/D-mismatching).

### Methods

Eighty-one treated IA-Tx with the Solitaire device, diagnosed as anterior circulation larger vessel occlusion were included in this study. CT-angiography was done as an initial diagnostic image and acute stroke MR imaging followed after the IV-tPA. 42 patients were in the tPA group and 39 patients were in the non-tPA group. Recanalization rate, clinically significant hemorrhagic (sICH) and clinical outcomes were recorded according to weather IV-tPA or not.

### Results

Recanalization rate was 81.0% in IV-tPA group, and it was 69.2% in non-tPA group ( $p=0.017$ ). While sICH were 19.9% and 25.6% respectively ( $p=0.328$ ). Neurologic outcomes also did not influence by tPA infusion or not. But according to the P/D-mismatching or not, the recanalization rate and sICH were 91.9% and 16.7% in the mismatched group and 46.7% and 46.7% in the matched group ( $p=0.008$  &  $p=0.019$ , respectively).

### Conclusions

For patients treated with IA-Tx with stent retriever, weather IV-tPA influence or not did not influence on the sICH, recanalization rate and neurologic outcomes. While P/D-mismatching or not was correlated well with sICH, recanalization rate and clinical outcomes.

### Learning Objectives

Major vessel occlusion patients management by mechanical thrombolysis.

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