

Predictors of Death at 90 days After Mechanical Thrombectomy for Large Vessel Occlusions

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Introduction

In recent years, mechanical thrombectomy (MT) has emerged as the new standard of care for large vessel ischemic stroke. However, despite significant advantages over medical therapy in rates of revascularization and favorable functional outcome, 90-day mortality rates following MT are still high in large series (9–21%). We sought to identify patient-level factors associated with mortality after MT.

Table 1. Demographics				
	All	Alive	Deceased	P-Values
Vital States at 90-Day Follow-Up, n (%)	219	159 (65.5)	79 (96.1)	[T-Test & R
Demagniphics, n				
Age (SD)	71 (15)	67(15)	77 (12)	<0.0001 0.942
Female (%)	129 (59)	82 (58)	47 (59)	
BMI (SD)	28 (6)	28 (6)	28 (G)	0.776
Comorbidities n (%)				
Atrial Fibrillation	107 (49)	64 (46)	42 (53)	0.312
Coronary Artwy Disease	48 (22)	31 (22)	17 (22)	0.893
Congostive Heart Falure	51 (23)	32 (23)	19 (24)	0.863
Diabetes Melitus	61 (28)	35 (25)	25 (32)	0.304
Hyperlipidemia	98 (45)	61 (44)	37 (47)	0.674
Hypertension	158 (72)	98 (71)	59 (75)	0.509
Myocardial Infarction	15(7)	10 (7)	5 (6)	0.808
Obesity	67 (51)	40 (25)	27 (34)	0.406
Smoking	54 (43)	68 (49)	26 (33)	0.001
Streke/TIA	36 (16)	22 (16)	13 (17)	0.903
Medications n (%)				
Augirin	96 (44)	60(43)	35 (44)	0.871
Cournadin	27 (12)	12 (9)	14 (18)	0.047
NOAC	25 (11)	15(11)	10 (13)	0.679
Plevie	20 (9)	12 (9)	8 (1.0)	0.715
Treatment n (%)				
Alteplase Administration	119 (54)	77 (55)	38 (48)	0.300
Immediate and Post-Procedural NIHSS, n (SD)				
Initial MHSS	16(7)	15 (7)	28 (6)	0.009
Past Procedure NHSS	12 (10)	15 (8)	29 (8)	<0.0000
Site of Occlusion n (%)	06.8	660.00	1000	1870
Segnaclinated ICA / T-acclasion	36 (16)	16 (12)	20 (25)	0.008
MI	113 (52)	75 (54)	38 (48)	0.406
M2	27 (12)	17 (12)	10 (13)	0.927
Distal MCA	4 (2)	3(2)	110	0.637
Tandem	15 (7)	11 (0)	4 (5)	0.424
Vertebrohosilar	23	17 (12)	6 (8)	0.284
Final TICI Scores n (%)				
D-2n	52 (24)	29(23)	23 (29)	0.169
2b-3	167 (76)	110 (79)	56 (71)	
Pest 72hr Outcomes n (%)				
Death	15 (7)	0(0)	15 (19)	<0.0001
Acute I schemic Strake	8 (3)	3(2)	516)	0.142
Perforation Hermonthage	5 (2)	1(1)	4 (5)	9,059
Symptomatic Reperfusion Hemorrhage	23 (11)	8(6)	15 (19)	9.002
Discharge Disposition n(%)	22341	204	ar jusy	
Home	38 (17)	38 (28)	0 (0)	<0.0000
STR/Acute Rehab/SNF	108 (49)	88 (63)	191240	<0.0001

Methods

267 consecutive stroke patients who underwent MT for large vessel occlusions at a single center between January 2015 and November 2017 were retrospectively identified. Information from their electronic medical records including demographic features, medical comorbidities, stroke characteristics, procedural outcomes and complications were collected and compared between patients who survived and those who died before 90 days. A multivariate regression model was built to assess factors that predicted death at 90-days post-thrombectomy.

Results

219 patients (mean age 71 [SD 15], female 129 [59%]) met inclusion criteria. Among them, 139 patients (63.5%) survived and 79 patients (36.1%) had died at 90-day follow-up. Factors independently associated with death at 90 days included older age (odds ratio [OR] 1.061, 95% confidence interval [95% CI] 1.030–1.094, p<0.0001), symptomatic hemorrhage (OR 3.858, 95% CI 1.254–11.864, p=0.019), and a higher post-procedural NIHSS score (OR 1.178, 95% CI 1.118–1.242, p<0.0001).

Risk Factor	Odds Ratio [95% Confidence Interval]	P-Value
ge	1.057 [1.033-1.082]	<0.0001
noking	0.512 [0.288-0.910]	0.023
re-Coumadin	2.279 [0.997-5.212]	0.051
scharge Disposition	2.459 [1.977-3.058]	<0.0001
itial NIHSS Score	1.052 [1.009-1.097]	0.018
ast Available NIHSS	1.169 [1.121-1.220]	<0.0001
mptomatic Hemorrhage	4.574 [1.955-10.702]	<0.0001
Occlusion	2.606 [1.260-5.391]	0.010

Conclusions

In patients who underwent mechanical thrombectomy for acute ischemic stroke, factors found to be independently associated with mortality included older age, incidence of symptomatic hemorrhage, and a higher post-procedural NIHSS score. These data may help inform discussions with patients and their surrogate decision-makers regarding expectations after mechanical thrombectomy for large vessel occlusions.

Learning Objectives

Identify risk factors associated for mortality following mechanical thrombectomy for large vessel occlusion in acute ischemic stroke patients.

Table 3: Binomial Logistic Regression Analysis					
Risk Factor	Odds Ratio [95% Confidence Interval]	P-Value			
Age	1.061 [1.030-1.094]	<0.0001			
Symptomatic Hemorrhage	3.858 [1.254-11.864]	0.019			
Post-Procedural NIHSS Score	1.178 [1.118-1.242]	<0.0001			