



Finestra sul cortile di Santa Maria Nuova: **Sonotrombolisi**

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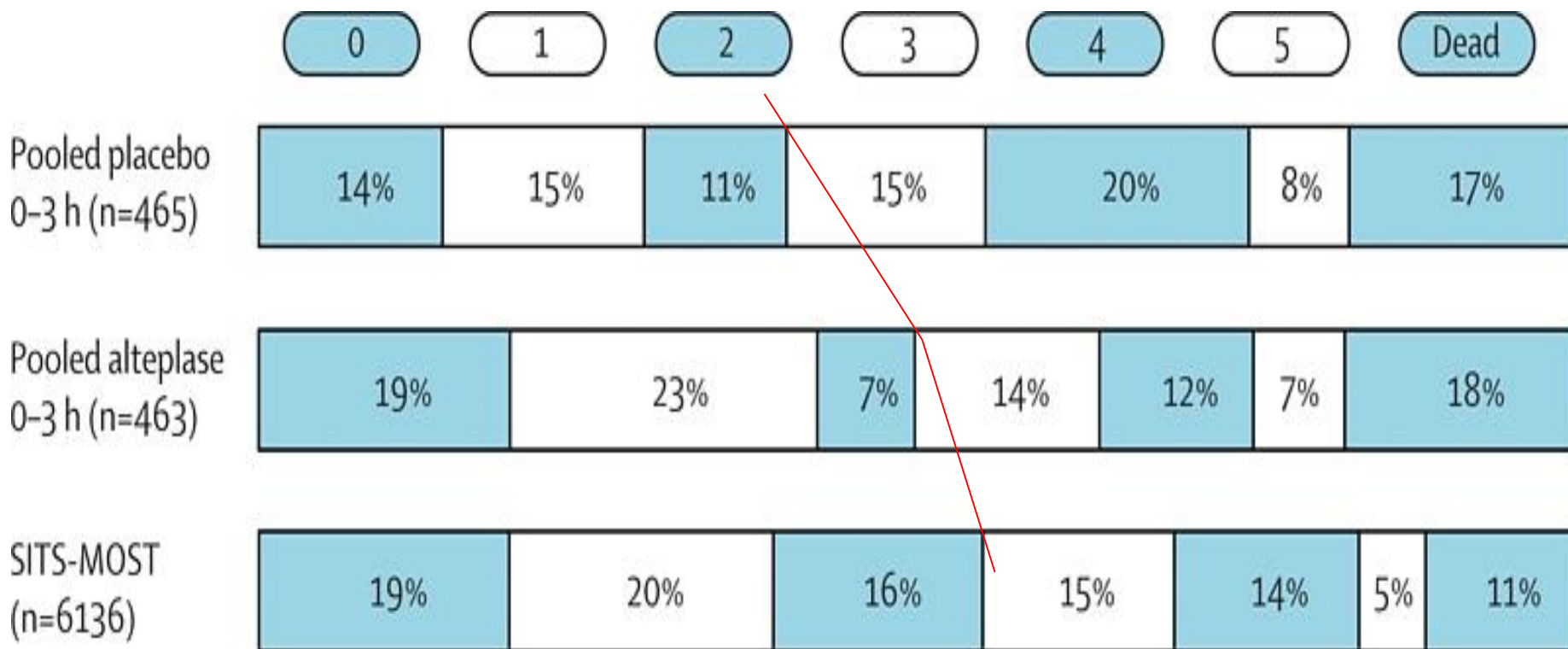
Number 24

TISSUE PLASMINOGEN ACTIVATOR FOR ACUTE ISCHEMIC STROKE

THE NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE rt-PA STROKE STUDY GROUP*

- Trial randomizzato doppio cieco controllato vs placebo.
- Reclutati 624 pz con stroke ischemico acuto entro 3 ore dall'inizio dei sintomi..
- Somministrato rt-PA 0.9 mg/kg (10% bolo; 90% in 1 ora); Max dose 90 mg e.V.
- A termine dei 90 giorni il numero dei pazienti trattati con rt-PA senza disabilità era superiore del 30% rispetto al controllo

risultati del SITS-MOST



Effect of treatment delay, age, and stroke severity on the effects of intravenous thrombolysis with alteplase for acute ischaemic stroke: a meta-analysis of individual patient data from randomised trials

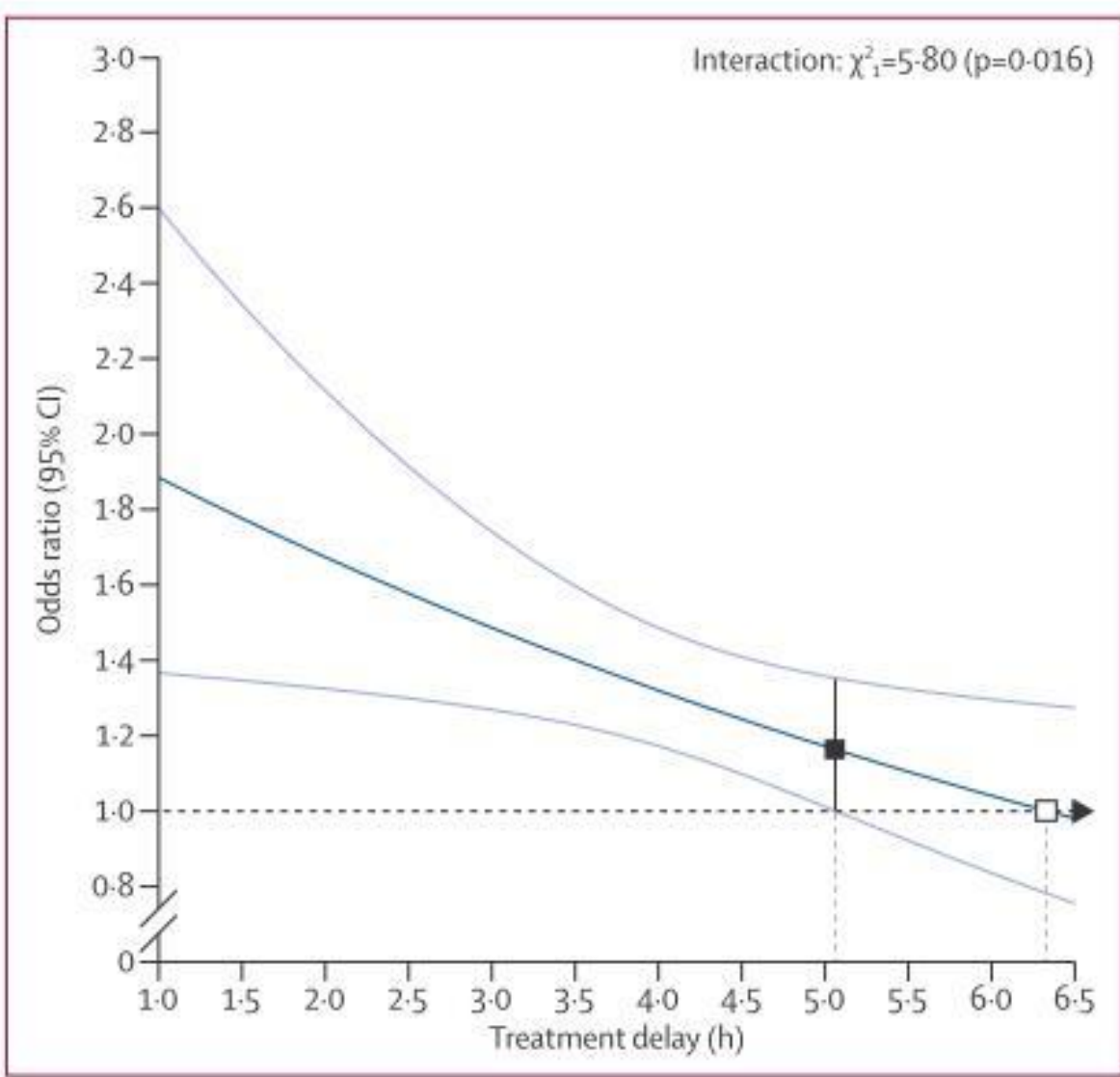


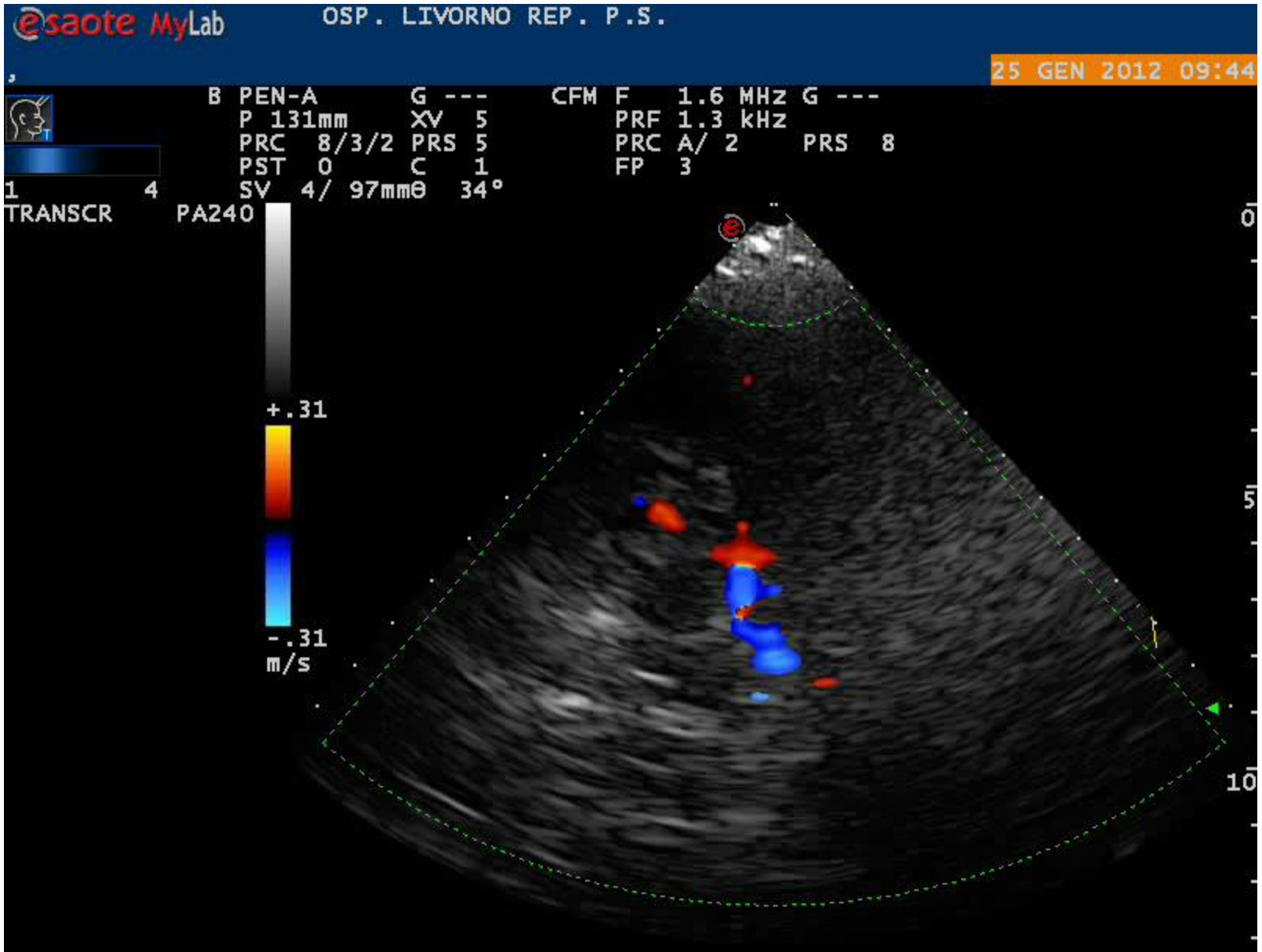
Figure 1: Effect of timing of alteplase treatment on good stroke outcome (mRS 0-1)

Site of Arterial Occlusion Identified by Transcranial Doppler Predicts the Response to Intravenous Thrombolysis for Stroke

Maher Saqqur, MD, FRCPC; Ken Uchino, MD; Andrew M. Demchuk, MD, FRCPC; Carlos A. Molina, MD; Zsolt Garami, MD; Sergio Calleja, MD; Naveed Akhtar, MD; Finton O. Orouk, MD; Abdul Salam, MSc; Ashfaq Shuaib, MD, FRCPC; Andrei V. Alexandrov, MD; for CLOTBUST Investigators

	% NIH a 24H \leq 2	% Rankin S \leq 1
ACM-M2	33% (35 di 107)	52% (50 di 96)
ACM-M1	16% (24 di 155)	25% (33 di 131)
Occ . Tandem	24% (5 di 21)	21% (3 di 14)
Occ. T	0% (14)	18% (2 di 11)
Occ. A. Basilare	25% (2 di 8)	25% (2 di 8)

Occlusione a T



Endovascular Therapy

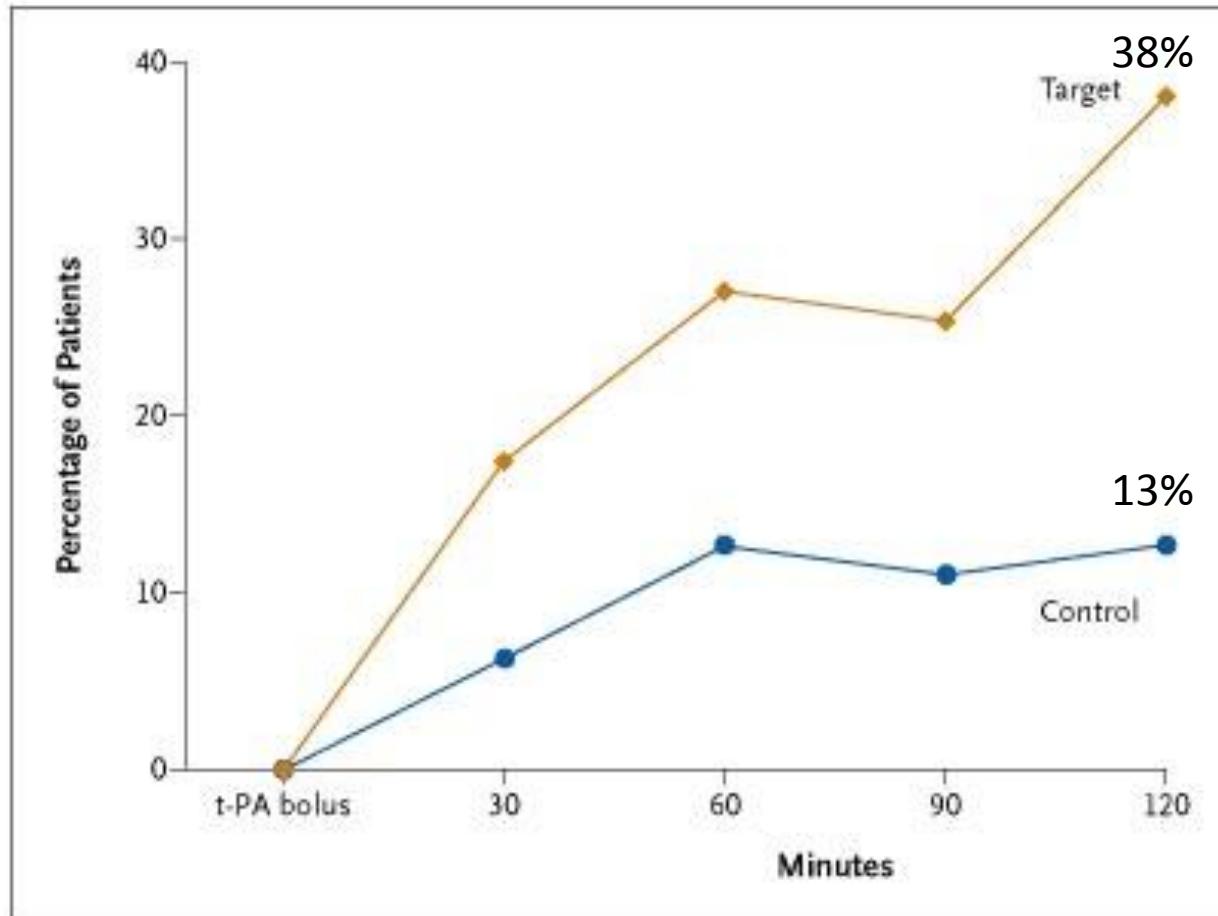
	N° pz.	TLR %	CONTROLLI%
MR CEAN	500	§32,6%	19,1%
EXTEND	70 [‡]	§71% (nnt 3,2)	40%
ESCAPE	315	§53%	29%
SWIFT PRIME	196 [‡]	§60%(nnt 4)	35%
REVASCAT	206	§43,7%(nnt 6,5)	28,2%

§ Rankin score: 0-2

‡ CT perfusion

Sonotrombolisi e sonolisi

Rate of Sustained Complete Recanalization within Two Hours after Administration of a t-PA Bolus



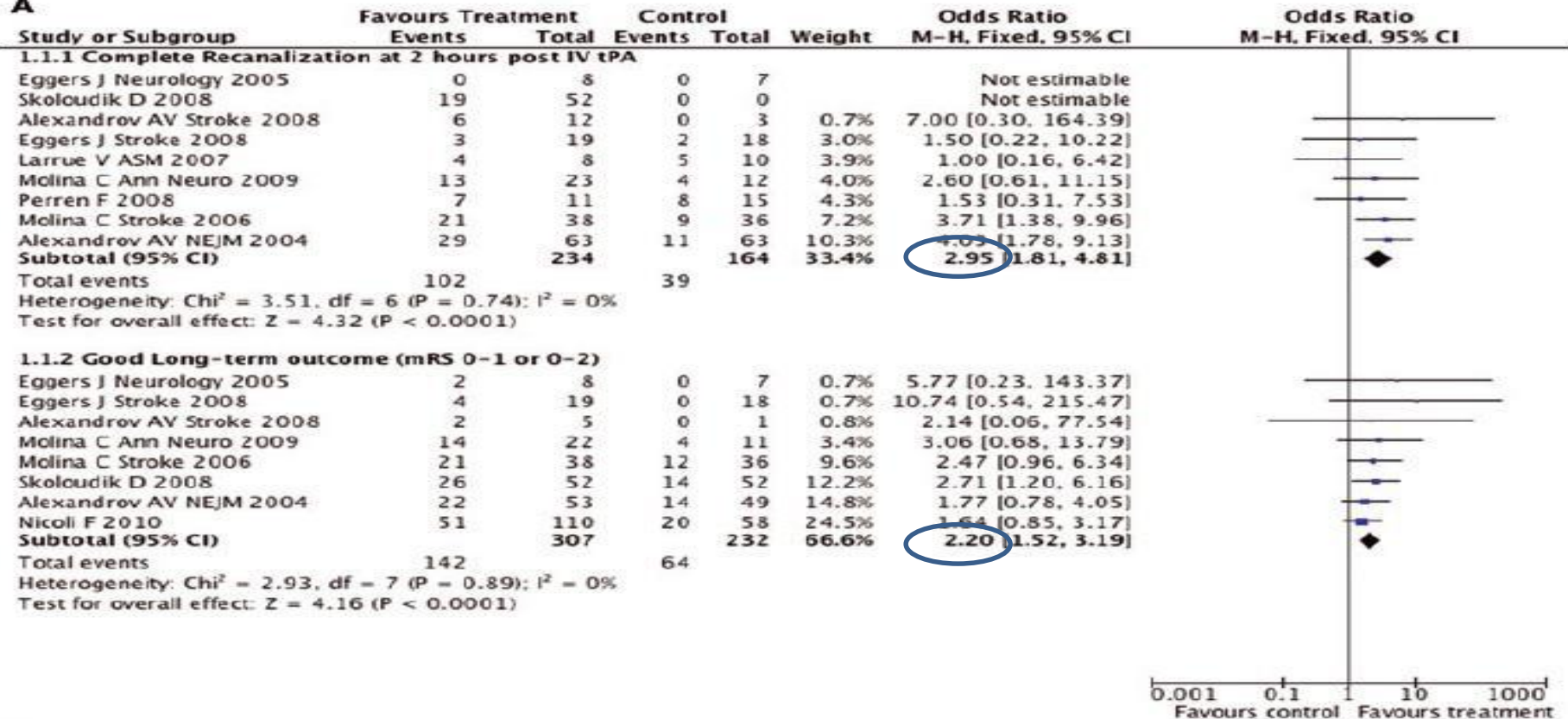
DATA AND ANALYSES

Comparison 1. Any sonothrombolysis versus control

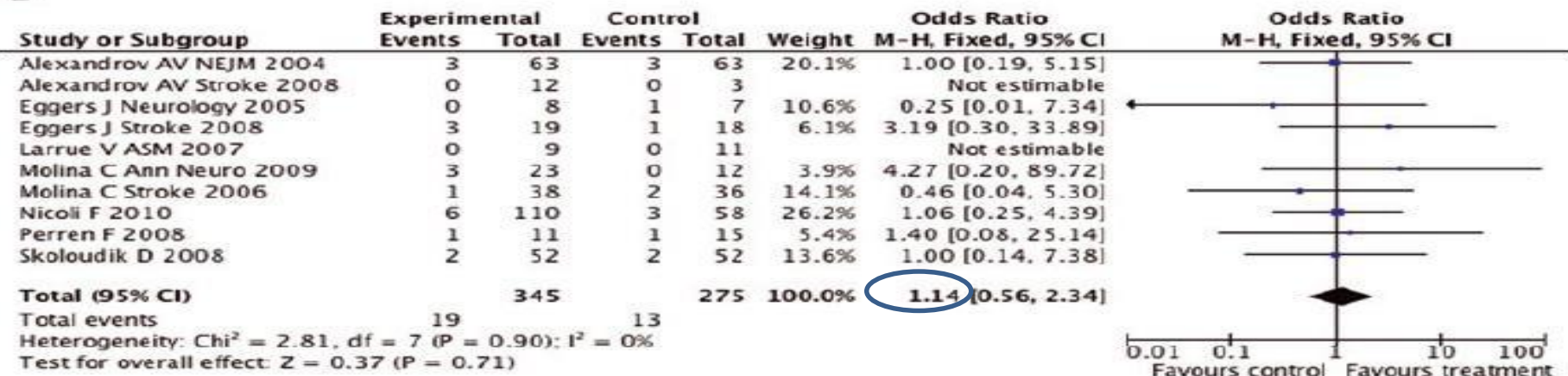
Outcome or subgroup title	No. of studies	No. of participants	Statistical method	Effect size
1 Death plus disability at 3 months	5	206	Odds Ratio (M-H, Fixed, 95% CI)	0.50 [0.27, 0.91]
2 Failure to recanalise	5	230	Odds Ratio (M-H, Fixed, 95% CI)	0.28 [0.16, 0.50]
3 Symptomatic and asymptomatic cerebral haemorrhage	5	233	Odds Ratio (M-H, Fixed, 95% CI)	2.35 [0.95, 5.80]
4 Death at follow-up	5	206	Odds Ratio (M-H, Fixed, 95% CI)	1.00 [0.46, 2.16]

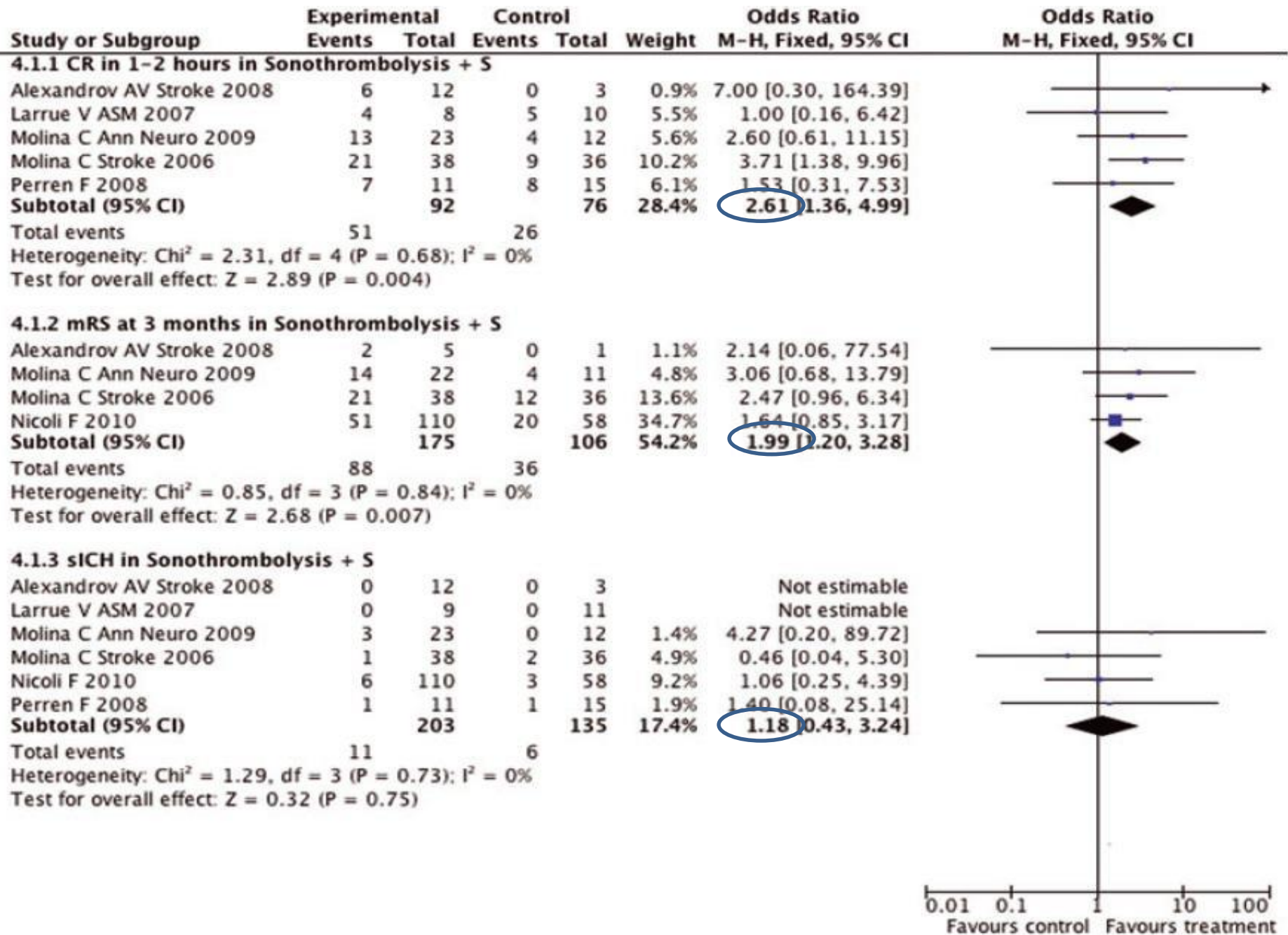


A



B





CLOTBUST-Hands Free

Pilot Safety Study of a Novel Operator-Independent Ultrasound Device in Patients With Acute Ischemic Stroke

Andrew D. Barreto, MD; Andrei V. Alexandrov, MD; Loren Shen, BSN; April Sisson, RN;
Andrew W. Bursaw, DO; Preeti Sahota, MD; Hui Peng, PhD;
Manouchehr Ardjomand-Hessabi, MD, MPH; Renganayaki Pandurengan, PhD;
Mohammad H. Rahbar, PhD; Kristian Barlinn, MD; Hari Indupuru, MBBS;
Nicole R. Gonzales, MD; Sean I. Savitz, MD; James C. Grotta, MD



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ULTRAS pilot study

Ultrasound ThRombolysis in Acute ischemic Stroke

Sonotrombolisi nell'ictus ischemico acuto



A pragmatic approach to sonothrombolysis in acute ischaemic stroke: the Norwegian randomised controlled sonothrombolysis in acute stroke study (NOR-SASS)

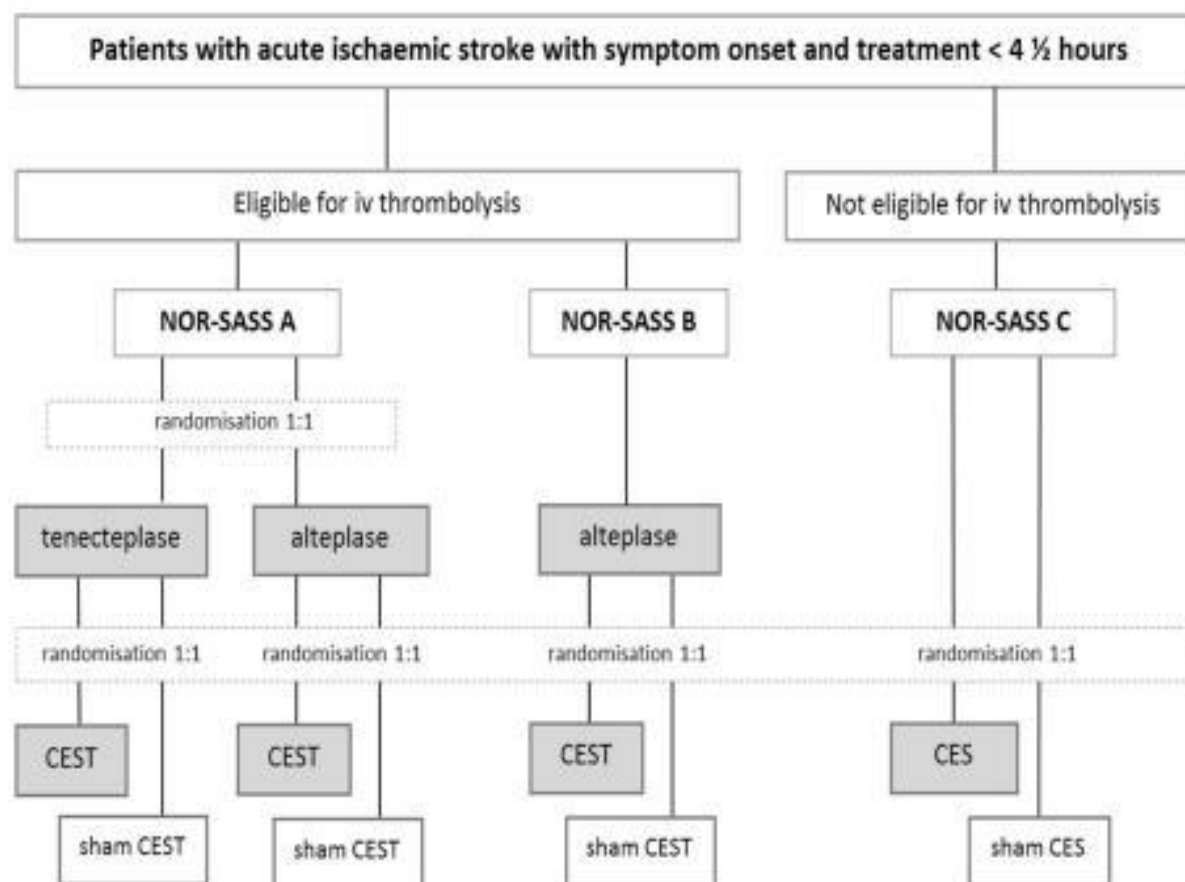
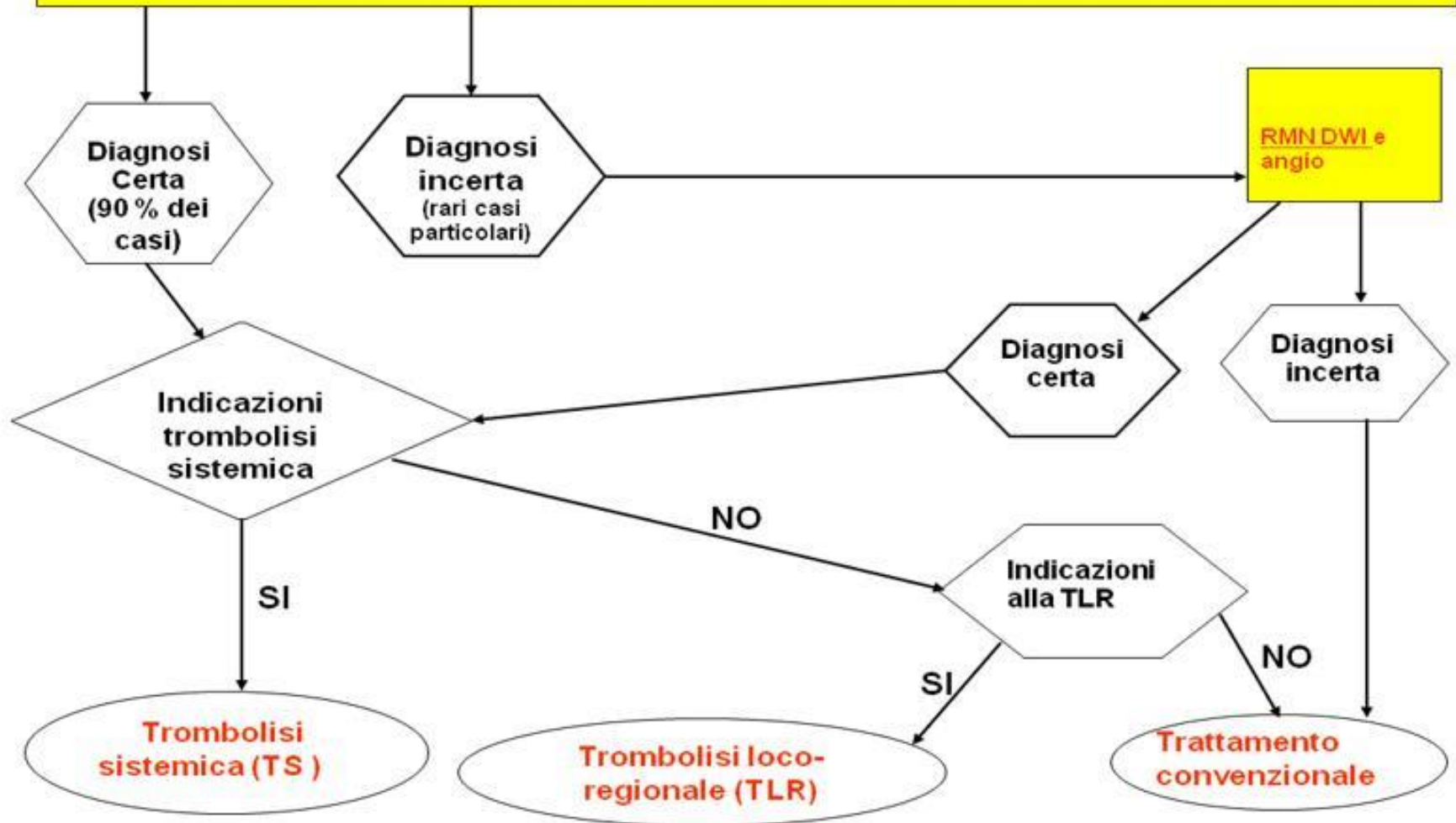


Fig. 1 Randomization and flowchart. CEST Contrast enhanced sonothrombolysis with thrombolytic agent. CES Contrast enhanced sonolysis without thrombolytic agent

Anamnesi , EO, esami ematochimici , tc cranio diretto+angioto cerebrale (non attendere refertazione di quest'ultima per iniziare TS)

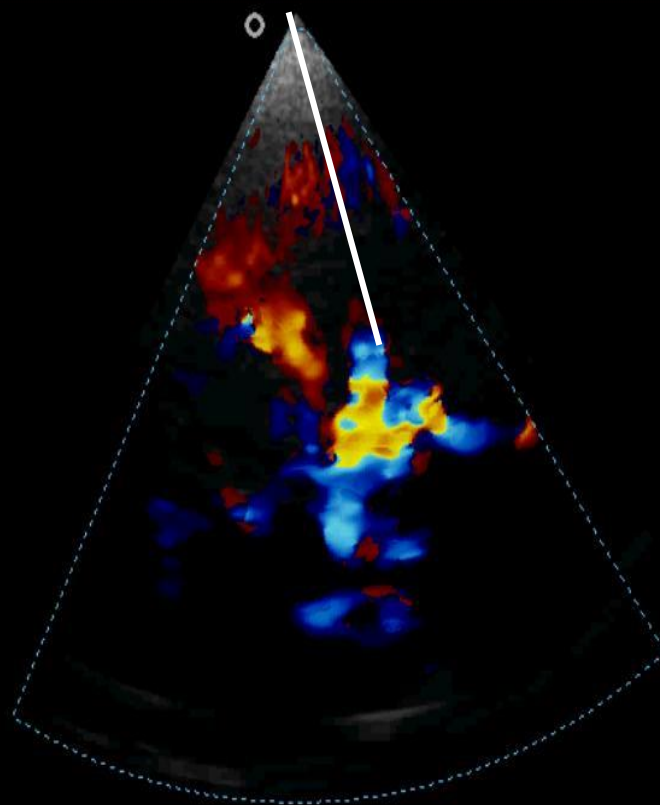




Occlusione prossimale dell'arteria cerebrale

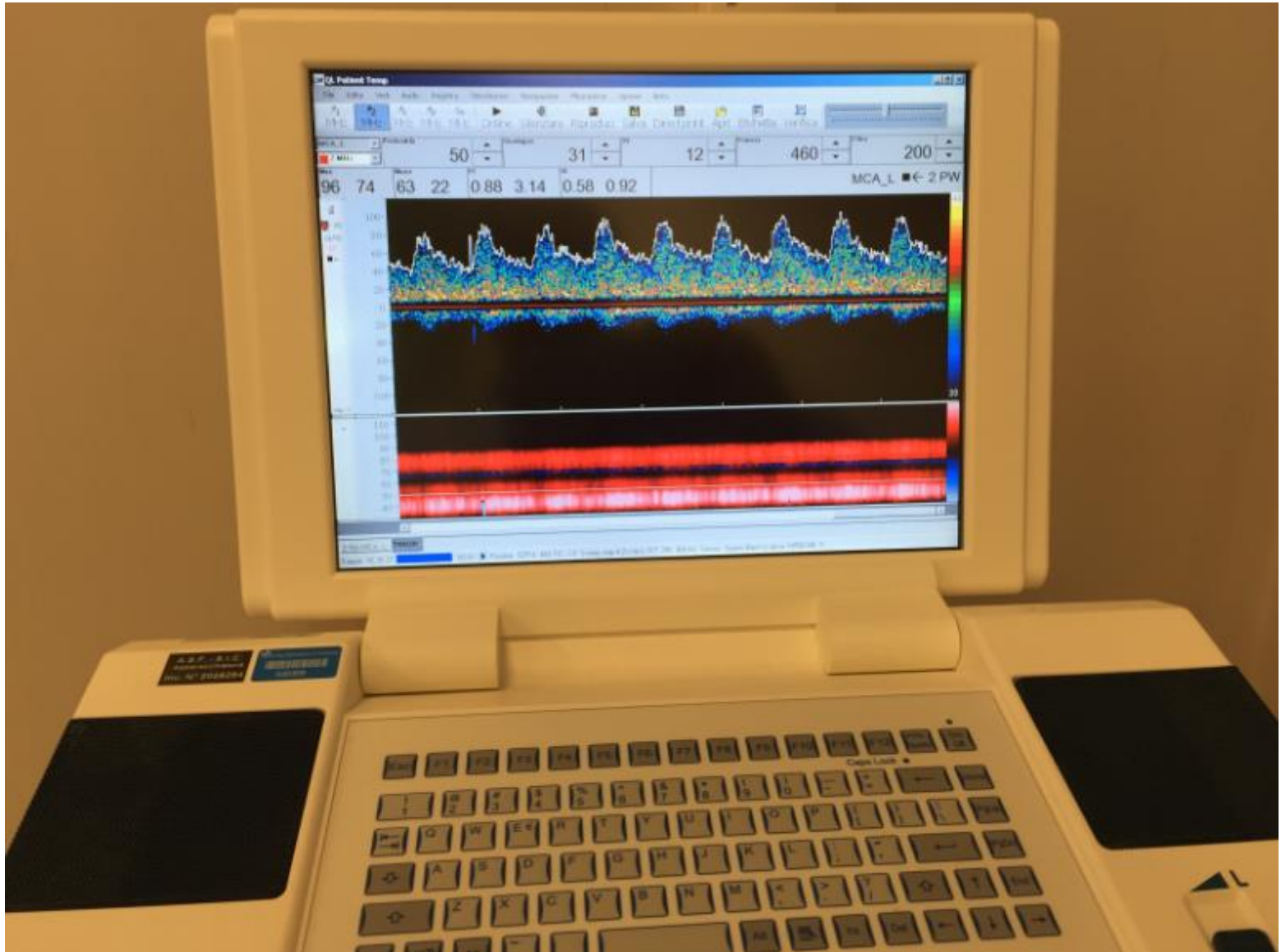


PHILIPS



- +40
- cm/s
- -40
- TCD
- S3-1
- MI 1.3
- TIC 3.9
- <-F3 Gn 79
- Colore
- 1.9 MHz
- Gn 82
- H/3/4
- Filtro 4
- 13Hz 16cm

G
P ▲ R
1.0 3.0





Trattamento Stroke 2014

	Pz stroke	Pz trattati	NIH pretratt	Door to needle min	Esito mRS ≤ 2
BSL	85	16 TS	7,3	43	
NSGD	280	28 TS 4 TS+TLR	11	82	
OSMA	297	28 TS 2 TS+TLR	9	60	
SMN	158	14 TS 2 TS+TLR 2 TLR 2 TEA	10,9	85	62%
totale	820	86 TS 8 TS+TLR 2 TLR 2 TEA	/	/	

12%





ATUL GAWANDE

CON CURA

DIARIO DI UN MEDICO DECISO A FARE MEGLIO

“[...] fare di ogni prestazione una scienza è un modo per salvare più vite di quante non possa salvarne la ricerca sul genoma, la terapia delle cellule staminali, il vaccino anticancro e le tante ricerche di laboratorio di cui abbiamo notizia [...]”