



HOT TOPICS IN CARDIOLOGIA 2023

13 e 14 Novembre 2023

Villa Doria D'Angri - Via F. Petrarca 80,
Napoli

**INSIDIE DA EVITARE NEL
TRATTAMENTO
DELL'ICTUS**

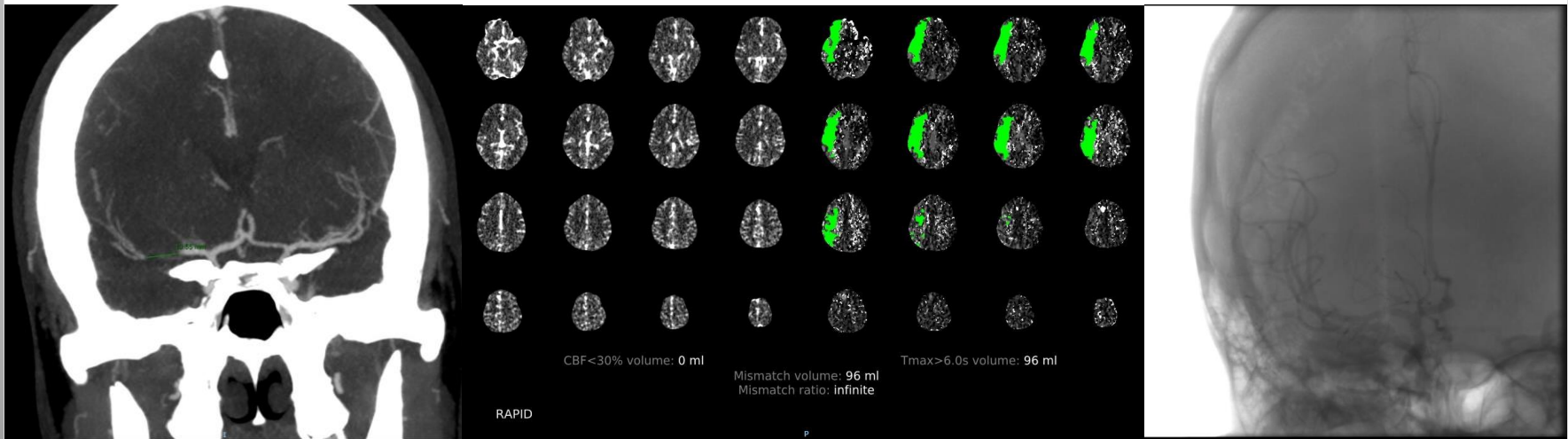
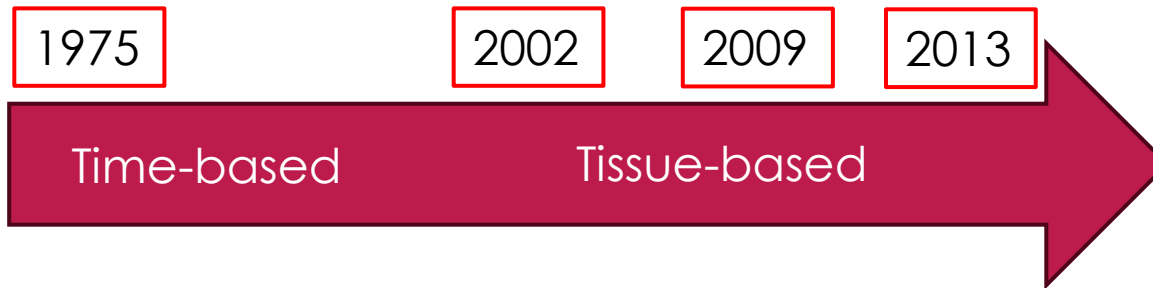
Paolo Candelaresi
UOC Neurologia e Stroke Unit
AORN Antonio Cardarelli
Direttore: Dr V. Andreone



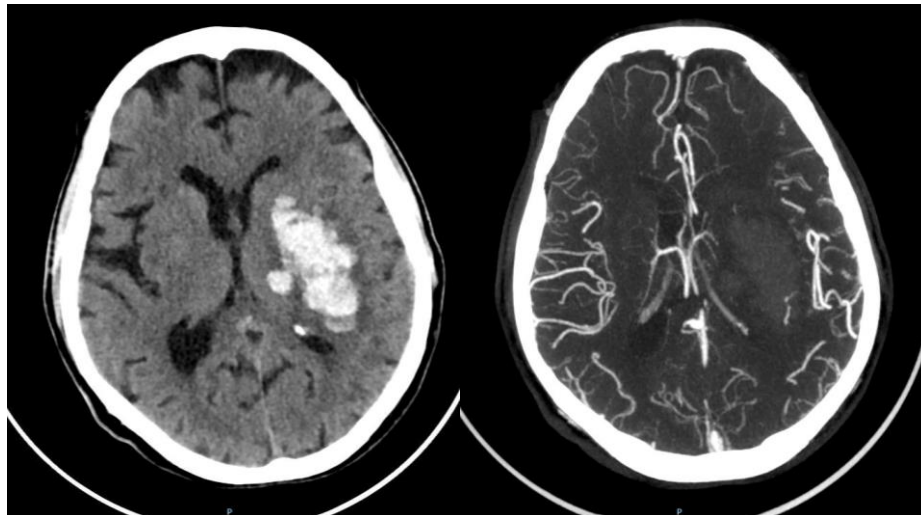
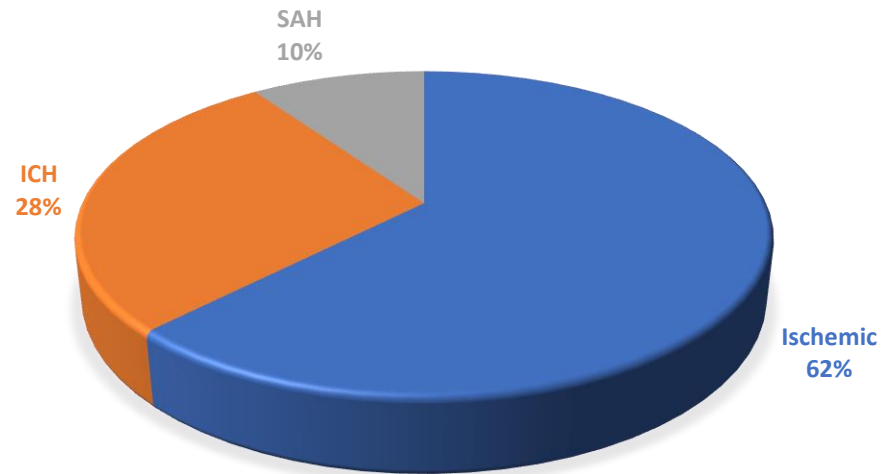
▶ **ERRORI CONCETTUALI E METODOLOGICI**

VIEWPOINT

Time to Retire the Concept of *Transient Ischemic Attack*

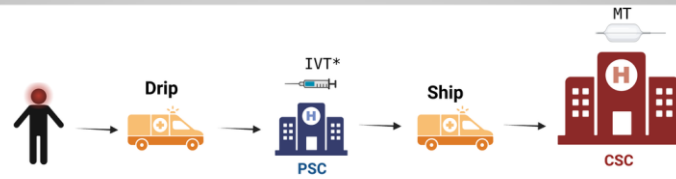


STROKE INCIDENCE ACCORDING TO PATHOPHYSIOLOGY

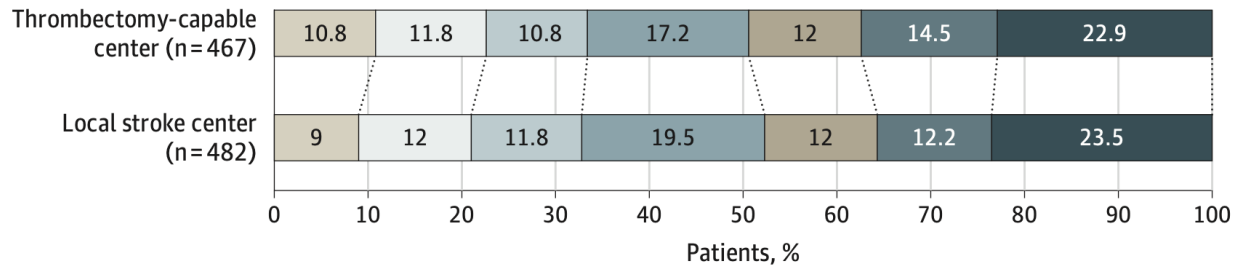




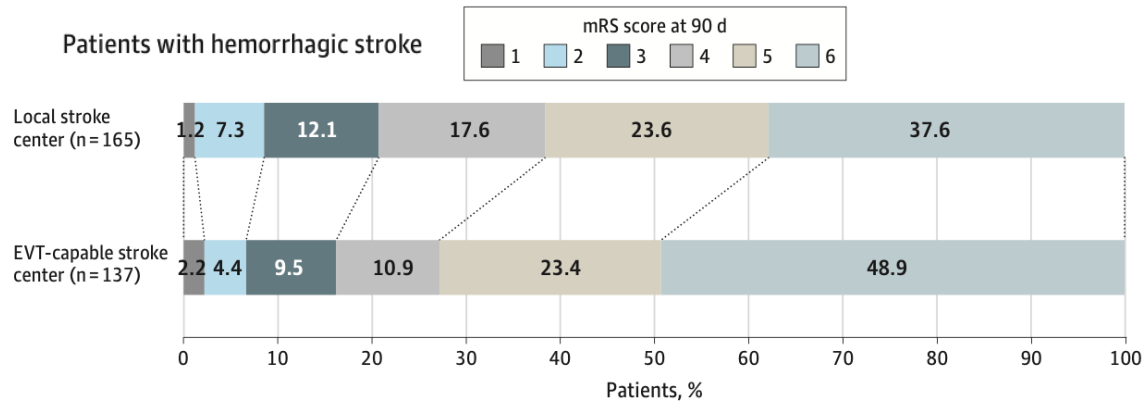
▶ **INSIDIE LEGATE AL TRASPORTO**



A Patients with ischemic stroke or TIA (primary analysis)



Patients with hemorrhagic stroke





▶ **INSIDIE LEGATE ALLA FINESTRA TERAPEUTICA**

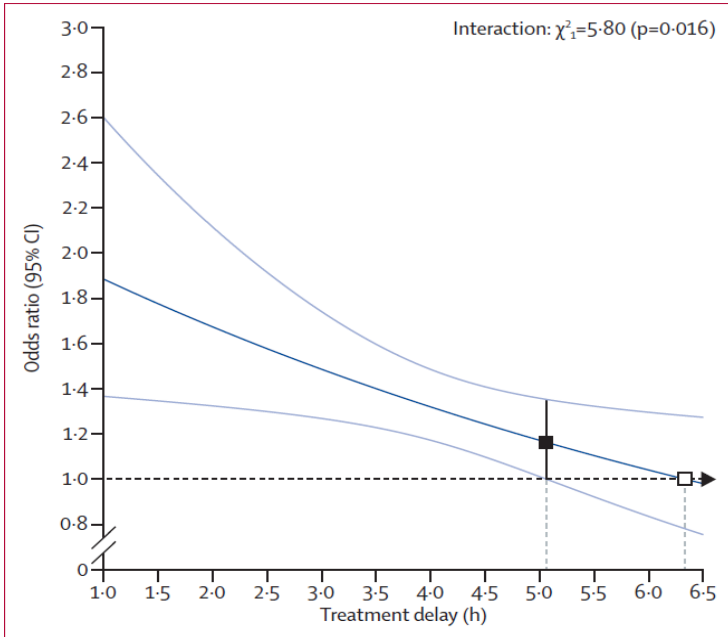
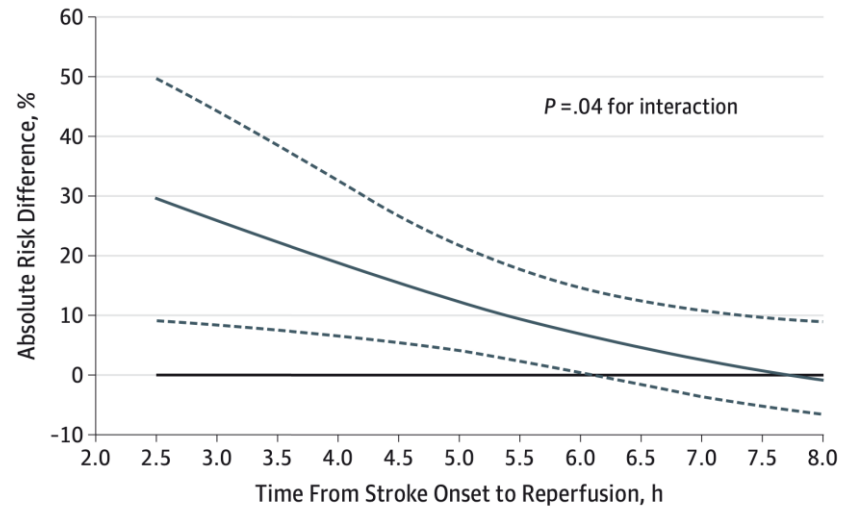


Figure 1: Effect of timing of alteplase treatment on good stroke outcome (mRS 0-1)

B Effect of time on achieving mRS score of 0-2: all participants



Per mRS 0-2:
NNT +1/20min

Ma quanto tempo perdiamo

RITARDO IMPUTABILE AL PAZIENTE

Mediamente circa 120 minuti prima di chiamare aiuto

56% circa dei casi questo aiuto è rappresentato dal 118

78% con ictus moderato-severo vs 37% con ictus lieve-moderato

RITARDO LEGATO AL SOCCORSO

27% trasporto in codice rosso, 57% trasporto in codice giallo

RITARDO INTRA-OSPEDALIERO

21% in triage riceve il codice rosso, il 58% riceve il codice giallo

...e qui siamo appena entrati in ospedale!



▶ **QUALI STRATEGIE ADOTTARE**

A high-urgency stroke code reduces in-hospital delays in acute ischemic stroke: a single-centre experience

Paolo Candelaresi^{1,2} · P. Lattuada² · C. Uggetti³ · R. Daccò¹ · G. Fontana¹ · F. Frediani²

Table 1 Time and type of interventions adopted to reduce in-hospital delays

Time of intervention	Type of intervention
September 2014	Continuous personnel education Neurologist directly alerted by the triage nurse
April 2015	Reconsideration of laboratory tests Adoption of point-of-care analysis
June 2015	Approval of a new high-urgency (red) Stroke Code Neurologist immediately alerted at the prenotification CT scan emptied before the patient arrival Point-of-care analysis Rt-PA bolus given on the CT bed CT angio after the bolus to select potential thrombectomy candidates

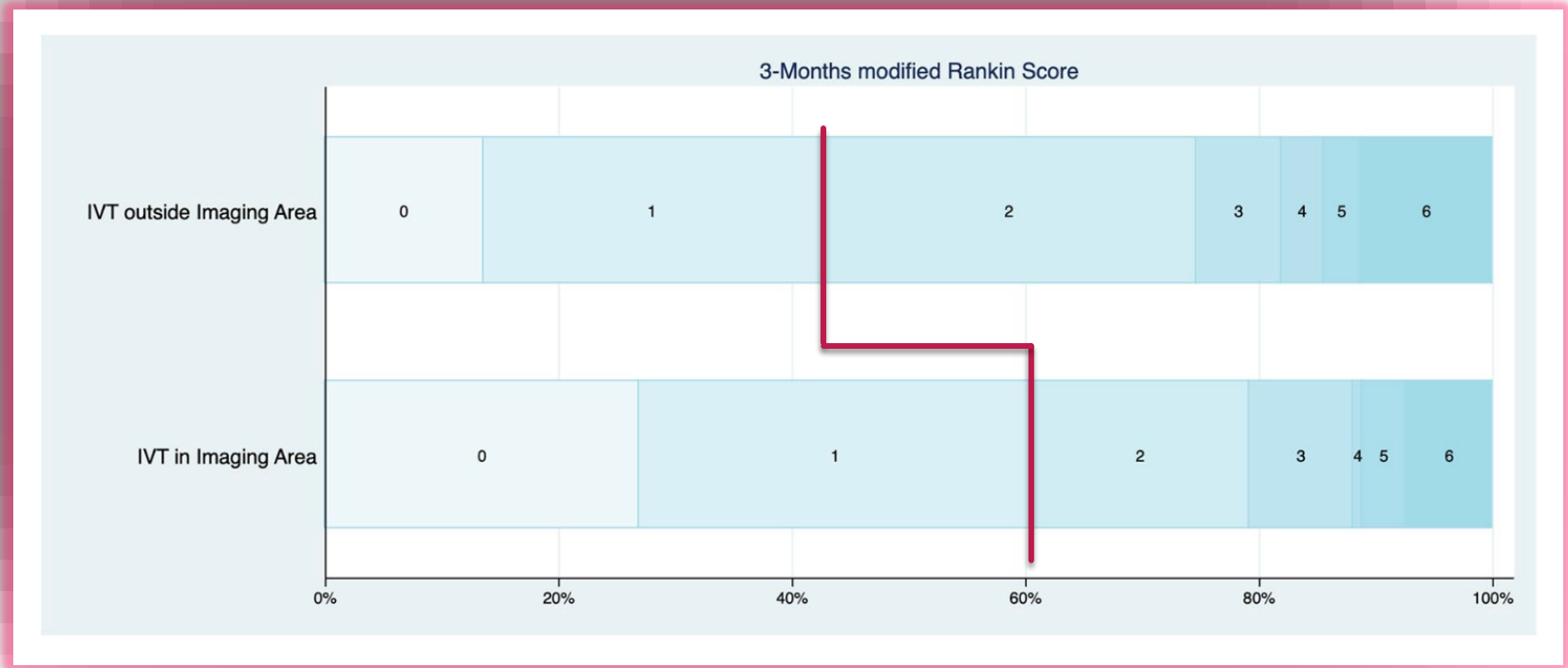
 -10 min

**3x IVT
DTN 37 min
OTT 114 min**

Effects of immediate thrombolytic treatment in imaging area on functional outcome in patients with acute ischemic stroke

Antonio De Mase¹ · Emanuele Spina¹ · Giovanna Servillo¹ · Stefano Barbato¹ · Giuseppe Leone² · Flavio Giordano² · Massimo Muto² · Gianluigi Guarnieri² · Gennaro Alfieri¹ · Katia Longo¹ · Walter Di Iorio¹ · Mario Muto² · Paolo Candelaresi¹  · Vincenzo Andreone¹

Variable	Entire cohort (<i>n</i> = 327)	IVT at imaging area (<i>n</i> = 133)	IVT outside imaging area (<i>n</i> = 194)	Significance
DNT (min)	71.1 (42–100)	44.4 (27–54)	89.3 (40–111)	<i>p</i> < 0.01
DNT ≤ 60 min	169 (51.7%)	111 (83.4%)	55 (28.3%)	<i>p</i> < 0.01
DNT ≤ 45 min	107 (32.7%)	87 (65.4%)	20 (10.3%)	<i>p</i> < 0.01
DNT ≤ 30 min	50 (15.3%)	43 (32.3%)	7 (3.6%)	<i>p</i> < 0.01
NIHSS at 2h	4 (2–8)	3 (2–7)	5 (2–8)	<i>p</i> < 0.05
NIHSS at 24h	3 (1–7)	2 (0–5)	4 (1–7)	<i>p</i> < 0.05
NIHSS at discharge	1 (0–4)	0 (0–2)	2 (0–5)	<i>p</i> < 0.01
Hemorrhagic transformation (symptomatic or PH2)	8 (2.4%)	4 (3%)	4 (2.1%)	<i>p</i> > 0.1



mRS 0-1: 60.1% vs 42.8% $p < 0.01$



PREMI ESO ANGELS

Impegnati nel miglioramento qualitativo della cura dell'ictus

Centro Diamante

2022



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GRAZIE

