

# Imaging May Widen Stroke Treatment Window

BY AMY ROTHMAN SCHONFELD

BOCA RATON, FLA. — New data suggest that imaging can help select patients who might benefit from reperfusion therapy despite presenting more than 8 hours after symptom onset.

Preliminary evidence from the DAWN trial “supports the concept that patient selection based on brain physiology is more important than time to treat,” Dr.

Raul G. Nogueira said at the annual meeting of the Society of NeuroInterventional Surgery.

Dr. Nogueira of Massachusetts General Hospital, Boston, and his colleagues retrospectively identified patients with stroke symptoms in the DAWN trial (DWI/PWI and CTP Assessment in the Triage of Wake-Up and Late Presenting Strokes Undergoing Neurointervention). They presented more than 8 hours after symp-

toms, or woke up with stroke symptoms, so the time of symptom onset was unknown. They were last seen well a mean of 15 hours before angiography.

Among patients in which there was an apparent mismatch between the clinical severity of symptoms and limited brain injury, as indicated by CT with perfusion or MRI with perfusion, three-quarters were successfully recanalized. At 90 days after discharge, 45% of 237 patients had

good outcomes and 59% had acceptable outcomes. Intracerebral hemorrhage occurred in 9%, and 22% died.

“We believe imaging-based endovascular therapy will help us to select patients better. Forget the concept of time only and look at brain physiology,” he said.

Dr. Nogueira and some of his colleagues disclosed potential competing interests with Concentric Medical, ev3, CoAxia, and other companies. ■



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