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THE CLINICAL VALUE OF NEURO-POCUS IN ACUTE ISCHEMIC STROKE PATIENTS WITH THROMBECTOMY: A SINGLE CENTER EXPERIENCE

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Background and aims: Point-of-care ultrasound in neurology (Neuro-POCUS) is currently not included in the management guidelines for acute ischemic stroke (AIS), even though this rapid non-invasive ultrasound tool can provide important additional diagnostic information and identify misinterpretations of other imaging techniques. Therefore, we present the additional diagnostic value of Neuro-POCUS in AIS patients after the performance of computed tomography angiography (CTA) and digital subtraction angiography (DSA).

Methods: One hundred and seventy-nine individuals with AIS and large artery occlusion, diagnosed by CTA and DSA, were treated with thrombectomy at a single comprehensive stroke center of Vilnius University Hospital Santaros Klinikos over a period of one year, 2022. Further, cases with additionally performed Neuro-POCUS were selected. In the presence of a mismatch between the data of angiography and cervical and/or cranial vascular Neuro-POCUS, independent revision of imaging views was performed by a senior neurosonologist and neuroradiologist.

Results: Neuro-POCUS was performed in 27.4% (49/179) of the individuals. A total of 18.4% (9/49) cases with valuable additional information from the Neuro-POCUS were identified: 12.2% (6/49) with disagreement between CTA or DSA and Neuro-POCUS in the degree of cervical arterial stenosis, 4.1% (2/49) with missed intracranial stenosis on the symptomatic side in CTA or DSA, and 2% (1/49) with newly diagnosed intracranial stent occlusion.

Conclusions: Encouraging Neuro-POCUS would be beneficial in AIS patients treated with thrombectomy, because it enables non-invasive bedside access to additional information. Further research into the use of vascular Neuro-POCUS in stroke medicine is needed before incorporating it into AIS management guidelines.

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