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RECANALIZATION IN ACUTE ISCHEMIC STROKE

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Many aspects of stroke have been extensively studied; the prognosis of acute ischemic stroke is one of these aspects. Also many studies directed to early spontaneous or induced (artificial) recanalization by using thrombolytic therapy, relay on early restoring of blood flow.

Aim of the study: To evaluate the prognostic value of recanalization in acute ischemic stroke by using cerebral angiography in correlation with clinical outcome and brain C T scan findings.

Subjects & Methods: This study was conducted on 16 patients out of 50 patients, who came to the emergency department of Al-Azhar university hospitals from Mar' 2003 to Mar' 2005. All patients included in the study, came within 6-8 hours from ischemic stroke onset and age greater than 18 years (thrombolytic therapy may be needed). All selected patients were subjected to the following: history taking, general and neurological examination including National Institute of Health Stroke Scale (NIHSS). CT scan of brain was performed at the time of admission to exclude cerebral haemorrhage, mass lesion and was repeated when needed. Laboratory investigation, cerebral angiography was performed at the first 6-8 hrs of admission, to detect the site of occlusion and recombinant tissue plasminogen activator (rtPA) injection in appropriate cases and repeated after 24 hrs, to detect early recanalization.

Results: There was statistically significant difference in angiographic findings as regard outcome, higher frequency of recanalization level among good outcome group ($P < 0.05$), statistically significant difference in D M distribution as regard outcome, higher frequency of D M among bad outcome group ($P < 0.05$), statistically significant difference in time of onset distribution as regard outcome, higher frequency of late onset among bad outcome ($P < 0.05$).

Conclusion: Patient with stroke and no documented angiographic occlusion (spontaneous recanalization) must be withdrawn from thrombolytic therapy. Cerebral angiography can be done for ischemic stroke patients, who are candidates for thrombolytic therapy.

Biography

Fathi Mahmoud Afifi Nasra has started his career in 1976 and completed his Master's degree in 1979 and PhD in 1984, respectively. He was promoted to Associate Professor of Neurology in Al-Azhar University in 1989. Then, he was promoted to Professor of Neurology in the same University in 1994. He was elected as the Editor in Chief of Journal of Egyptian stroke, board of the *Journal of Neurology, Psychiatry and Neurosurgery* and board of *Al-Azhar medical journal*, in 1999. He was awarded the annual National Research Academy Award for Neurology (Osama Elwan). In 2003; he was promoted to a Chairman Of Neurology Department of Al-Azhar University and Secretary of Permanent Scientific Committee to promote professor and assistant professor in Neurology. He established the Neurocritical Care Unit and Interventional unit in Al-Azhar university Hospitals in 2004. Now, he is the President of Egyptian Stroke Society.

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