



Stroke 2

256

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Stroke 2

Neutrophil to lymphocyte ratio and early clinical outcome in patients with acute ischemic stroke

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Background: The neutrophil to lymphocyte ratio (NLR), representing change in inflammatory cell subpopulation, is closely linked to mortality in patients with cardiovascular disease. The prognostic role of NLR in patients with ischemic stroke remains unclear.

Objective: We investigated whether NLR was associated with early clinical outcome in patients with acute ischemic stroke.

Patients and methods: We collected data of patients with the first-ever acute ischemic stroke within 72 h of onset who were admitted to Royal North Shore Hospital from January 2009 to March 2013. White blood cell counts and peripheral differential counts were measured on admission. Early clinical outcomes were disability at discharge and in-hospital mortality assessed by the modified Rankin scale (mRS). We have obtained local Institutional Review Board approval.

Results: Among 1131 patients, 454 patients were included and classified into tertile groups based on NLR on admission. Patients in higher tertiles of NLR were likely to have severe neurologic deficit. Higher NLR tertiles were associated with a significant worse shift in the distribution of mRS scores in the ordinal logistic regression analysis ($p < 0.0001$ for trend). This association remained significant after adjustment for clinical and laboratory variables including age, sex, hypertension, smoking, stroke severity, and glucose level ($p = 0.009$ for trend). However, risk of death or major disability (score of 3–6 on mRS) and in-hospital mortality were not different according to NLR tertiles.

Conclusion: In patients with acute ischemic stroke, NLR on admission could be used to predict the short-term functional outcome.

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257

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Stroke 2

Thrombolysis in small community hospitals: Comparable results?

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0022-510X/\$ – see front matter.

Background: Stroke is a leading cause of stroke and disability worldwide.

Recombinant tissue plasminogen activator (rTPA) is licensed for treatment of acute stroke in the early hours after symptoms onset. But its still underutilized.

Small communities and hospitals may benefit from faster access to care. A compact and cohesive stroke team and shorter in hospital distance may result in better symptoms door to door to needle time and therefore in better clinical outcome

Methods: We collected data from 334 patients with acute stroke who were treated with rTPA from 2003 to 2013 in two small Italian Hospitals.

The primary endpoint was a modified Rankin scale at discharge of 0–1 favorable outcome at day 90. We will use scale 0–2 for a sensitivity analysis.

Secondary efficacy endpoints will be symptoms to door and door to needle time. Safety endpoints comprise overall mortality and symptomatic intracranial hemorrhage at 90 days.

Results: 334 patients, 159 female and 175 male were treated with rTPA. The mean age was 71.3 ± 12.4 with a range from 93 a median score of 90.24 and a median score of 73.5 NIHSS at time 0 = 13.8 ± 5.1 , Rankin at 3 months 1.7 ± 1.7 Fatal hemorrhage 1 (0.3%) These results were comparable to the international SITS Registry for thrombolytic.

Conclusion: thrombolytic therapy for acute stroke in small community hospital can result in an outcome comparable to that of larger center.

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258

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Stroke 2

Recanalization of chronic neurovascular arterial occlusion with acute clinical deterioration: Endovascular treatment and clinical outcome

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Purpose: To evaluate the indications for and results of the endovascular reconstruction of extra- and intracranial arteries after subacute and chronic occlusion.

Methods and materials: A retrospective analysis of clinical and angiographic data of 35 patients who underwent this treatment was performed. All endovascular procedures were carried out under general