

anaesthesia with dual platelet inhibition. An individual combination of balloon angioplasty and stent deployment was used.

Results: A total of 35 patients and 36 occlusions treated between 2007 and 2014 were evaluated. Treatment indications were acute clinical symptoms in 21/35 (60%) patients. Target vessels were ICA (n = 5), MCA (n = 2), VA (n = 13), BA (n = 7) or a combination thereof (n = 9). The attempted vessel reconstruction was achieved in 32/36 (88.8%) procedures. Clinical improvement was confirmed in 30 patients (83.3%), two of them despite failed attempt. At follow-up, permanent neurological deficit was encountered in 16 patients. Four patients died, one as a consequence to the procedure.

Conclusion: Haemodynamic compromise of the dependent circulation is a possible reason for the endovascular reconstruction of extra- and intracranial vessels in the status of subacute or chronic occlusion. The procedure can be quite demanding (e.g., for basilar and MCA reconstruction). Long-term dual anti-aggregation, angiographic follow-up and treatment of in-stent re-stenoses are part of the concept. Clinical results reach from considerable improvement to major morbidity and procedural mortality.

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Stroke 2

Temporal trends of intravenous thrombolysis in acute ischemic stroke patients at a tertiary care center in northern India

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Background: Acute ischemic stroke (AIS) is chiefly time dependent treatable cause of morbidity and mortality. Despite increasing stroke incidence in developing countries, increasing stroke thrombolysis rates have not been documented.

Aims: To determine trends in patient characteristics and rates of tPA use in AIS patients in a tertiary care center in northern India.

Methods: All AIS patients presenting within 8 h of symptoms onset from 2010–2014 were enrolled from hospital stroke registry and analyzed for various measures of IV thrombolysis.

Results: 608 AIS patients presented within 8 h of symptoms onset. Out of 608 patients, 157 (25.82%) patients received intravenous thrombolysis (IVT) with r-tPA. Patient's onset-to-door time was ≤2 h in 58.60%, ≤3 h in 25.48% and ≤4.5 h in 15.29%. A substantial change in onset-to-door time and IVT was seen over 4 years. IVT rates in ≤2 h of symptom onset increased from 22.2% to 25% and in ≤3 h increased from 38.89% to 43.75%. Door-to-CT time (median 25 versus 14 min, P = 0.027) and door-to-needle time (median 75 versus 62 min, P = 0.011) improved, with 64.5% of tPA-treated patients getting imaged ≤25 min after arrival. Post IVT, hemorrhage was noticed in 17 (10.82%) patients. Median NIHSS at presentation was 12 while favorable mRS (0–2) at 3 months was seen in 48.85%.

Conclusions: Encouraging trends of increasing rates of IV tPA use along with improving quality in thrombolysis over the years is seen in a public sector hospital. This may be indicative of increasing use of IV tPA in developing countries like India.

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Stroke 2

Cerebrolysin and recovery after stroke (CARS 2): a randomized, placebo-controlled, double-blind, multicenter clinical study

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Background: Cerebrolysin was successful in experimental models of cerebral ischemia and showed beneficial effects in clinical trials in acute stroke; a significant persistent effect was demonstrated in one large prospective, randomized, double-blind multicenter study (CARS 1).

Objective: To analyze the efficacy and safety of Cerebrolysin in recovery after stroke in the large prospective, randomized, double-blind, placebo-controlled, multicenter and parallel-group trial; study design was similar to CARS1.

Patients and methods: The study compared the effects of 30 ml Cerebrolysin versus placebo during early rehabilitation after stroke. Primary endpoint was the action research arm test (ARAT) score on day 90. Secondary, gait velocity, fine motor function, global neurological status, disability, quality of life, neglect, and depression were evaluated. **Results:** 240 (120 vs. 120) patients were screened, enrolled, randomized, and treated in 15 study centers in Russia. 231 (114 vs. 117) patients completed the study period; only 9 patients discontinued the study prematurely.

Neither the primary ARAT score nor the secondary outcome measures showed a significant treatment difference on day 90; as the mild baseline levels of impairment resulted in good recovery after 90 days also in the placebo.

Evaluation of vital signs and the global assessment of tolerability did not reveal clinically relevant changes both in the study course and between the treatment groups. Laboratory tests and vital signs did not show any abnormalities.

Conclusion: This study did not confirm the findings of the study CARS1, which showed a large effect size of Cerebrolysin as compared to Placebo. Cerebrolysin was well tolerated.

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Stroke 2

Perception on stroke risk factors and warning symptoms among the stroke survivors and recurrence

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Background: Poor perception on stroke risk factors, warning symptoms, lack of continuity of secondary preventive measures is important etiological factors for recurrence of stroke.

Objective: The study aimed to search the inter-relationship between perception of stroke among stroke survivors and related recurrence.

Patients and methods: 1540 stroke survivors [M = 900, 59 ± 2 years; F = 640, 58 ± 2 years; ischemic 882 (57.27%); hemorrhagic 658