

New study finds independent predictors of first pass effect in mechanical thrombectomy

July 22 2019

A new study, presented today at the Society of NeuroInterventional Surgery's (SNIS) 16th Annual Meeting, found that non-internal carotid artery (non-ICA) site of occlusion, the use of a balloon-guided catheter, and better collateral grade were all independent predictors of the first pass effect (FPE).

FPE occurs when a complete revascularization is achieved after a single attempt with mechanical thrombectomy. Prior research has already shown that FPE is associated with significantly higher rates of a good clinical outcome.

The study, Predictors of the First Pass Effect with Neurothrombectomy for Acute Ischemic Stroke, analyzed data from 984 patients treated at 55 sites. Results showed that FPE was achieved in 40% of patients and that rates of mortality at 90 days were lower in the FPE group compared to the non-FPE group (12% vs 19%).

"By understanding more about the factors that influence a good clinical outcome, we can reach our goal of helping all [stroke patients](#) survive and thrive," said Dr. Ashutosh Jadhav, MD, Ph.D., lead author of the study and associate professor of Neurology and director of the Stroke Institute at the University of Pittsburgh in Pittsburgh, Pennsylvania. "This study suggests that more knowledge of these predictors may influence our choice of thrombectomy device and technique."

Provided by Society of NeuroInterventional Surgery

Citation: New study finds independent predictors of first pass effect in mechanical thrombectomy (2019, July 22) retrieved 5 May 2024 from <https://medicalxpress.com/news/2019-07-independent-predictors-effect-mechanical-thrombectomy.html>

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