

Endovascular thrombectomy alone noninferior in ischemic stroke

May 7 2020



(HealthDay)—Endovascular thrombectomy alone is noninferior to

endovascular thrombectomy preceded by intravenous alteplase for patients with acute ischemic stroke from large-vessel occlusion, according to a study published online May 6 in the *New England Journal of Medicine*.

Pengfei Yang, M.D., from the Naval Medical University Changhai Hospital in China, and colleagues conducted a trial at 41 academic tertiary care centers in China to assess endovascular thrombectomy with or without intravenous alteplase in [patients](#) with [acute ischemic stroke](#). A total of 656 patients with acute ischemic stroke from large-vessel occlusion in the anterior circulation were randomly assigned to undergo endovascular thrombectomy alone or endovascular thrombectomy preceded by intravenous alteplase administered within 4.5 hours after symptom onset (327 and 329 patients, respectively).

The researchers found that with regard to the primary outcome (between-group difference in the distribution of the modified Rankin scale scores at 90 days), endovascular thrombectomy alone was noninferior to combined intravenous alteplase and endovascular thrombectomy (adjusted common odds ratio, 1.07; 95 percent confidence interval, 0.81 to 1.40; $P = 0.04$ for noninferiority). However, endovascular thrombectomy alone was associated with lower percentages of patients with successful reperfusion before thrombectomy (2.4 versus 7.0 percent) and overall successful reperfusion (79.4 versus 84.5 percent). At 90 days, mortality was 17.7 and 18.8 percent in the thrombectomy-alone and combination-therapy groups, respectively.

"Larger [trials](#) in other populations are needed to compare alteplase plus endovascular therapy with endovascular therapy alone," the authors write.

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Citation: Endovascular thrombectomy alone noninferior in ischemic stroke (2020, May 7)
retrieved 18 April 2024 from

<https://medicalxpress.com/news/2020-05-endovascular-thrombectomy-noninferior-ischemic.html>

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