

Higher likelihood of excellent outcome after stroke seen with tirofiban

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For patients with stroke of recent onset or progression of stroke

symptoms and no occlusion of large or medium-sized cerebral vessels, intravenous tirofiban is associated with an increased likelihood of an excellent outcome, according to a study published online June 1 in the *New England Journal of Medicine*.

Wenjie Zi, M.D., from the Xinqiao Hospital and the Second Affiliated Hospital in Chongqing, China, and colleagues conducted a multicenter trial involving patients with [ischemic stroke](#) without [occlusion](#) of large or medium-sized vessels, a National Institutes of Health Stroke Scale score of 5 or greater, and at least one moderately to severely weak limb.

Eligible patients were ineligible for thrombolysis or thrombectomy and within 24 hours of stroke; had progression of [stroke](#) symptoms soon after onset; had early neurologic deterioration after thrombolysis; or had no improvement from thrombolysis at four to 24 hours. Patients were assigned to intravenous tirofiban (plus oral placebo) or oral aspirin (plus intravenous placebo) for two days (606 and 571 patients, respectively); all participants then received oral aspirin until day 90.

The researchers found that 29.1 and 22.2 percent of [patients](#) receiving tirofiban and aspirin had a score of 0 or 1 on the modified Rankin scale at 90 days, respectively (adjusted risk ratio, 1.26). In general, the results for the secondary end points were not consistent with those for the primary analysis. The two groups had similar mortality. The incidence of symptomatic intracranial hemorrhage was 1.0 percent in the tirofiban group and 0 percent in the aspirin group.

"Intravenous tirofiban was associated with a higher likelihood of an excellent outcome at 90 days than oral aspirin," the authors write.

Several authors disclosed ties to industry.

More information: Wenjie Zi et al, Tirofiban for Stroke without

Large or Medium-Sized Vessel Occlusion, *New England Journal of Medicine* (2023). [DOI: 10.1056/NEJMoa2214299](https://doi.org/10.1056/NEJMoa2214299)

Jose G. Romano et al, Expanding Treatment for Acute Ischemic Stroke beyond Revascularization, *New England Journal of Medicine* (2023). [DOI: 10.1056/NEJMe2303184](https://doi.org/10.1056/NEJMe2303184)

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