

Adjuvant methylprednisolone role examined in acute ischemic stroke

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For patients with acute ischemic stroke secondary to large-vessel occlusion (LVO) undergoing endovascular thrombectomy, adjuvant low-dose methylprednisolone does not improve the degree of overall disability, according to a study published online Feb. 8 in the *Journal of*

the American Medical Association to coincide with the annual American Stroke Association International Stroke Conference, held from Feb. 7 to 9 in Phoenix.

Qingwu Yang, M.D., Ph.D., from Army Medical University in Chongqing, China, and colleagues examined the efficacy and adverse events of adjunctive intravenous low-dose [methylprednisolone](#) to endovascular thrombectomy for acute ischemic [stroke](#) secondary to LVO in a placebo-controlled trial implemented at 82 hospitals. Eligible patients were randomly assigned to intravenous methylprednisolone at 2 mg/kg/day or placebo (839 and 841, respectively) for three days.

The researchers found that the median 90-day modified Rankin Scale score was 3 in both groups. The mortality rate was lower in the methylprednisolone group than the [placebo group](#) (23.2 versus 28.5 percent; adjusted risk ratio, 0.84), and the rate of symptomatic intracranial hemorrhage was also lower (8.6 versus 11.7 percent; adjusted risk ratio, 0.74).

"This study is therefore one of the first, to our knowledge, to provide evidence regarding the potential role of corticosteroid therapy in the setting of endovascular stroke reperfusion," the authors write.

Several authors disclosed ties to the biopharmaceutical industry.

More information: Methylprednisolone as Adjunct to Endovascular Thrombectomy for Large-Vessel Occlusion Stroke, *JAMA* (2024). [DOI: 10.1001/jama.2024.0626](https://doi.org/10.1001/jama.2024.0626)

James E. Siegler et al, Adjunctive Steroids as Stroke Reperfusion Strategy, *JAMA* (2024). [DOI: 10.1001/jama.2024.0526](https://doi.org/10.1001/jama.2024.0526)

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