

Thrombectomy linked to better outcomes for acute stroke, large infarct

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For patients with acute stroke and a large infarct, thrombectomy plus medical care results in better functional outcomes and lower mortality,

according to a study [published](#) in the May 9 issue of the *New England Journal of Medicine*.

Vincent Costalat, M.D., Ph.D., from the Hôpital Gui de Chauliac, Montpellier in France, and colleagues assigned patients with proximal cerebral vessel occlusion in the anterior circulation and a large infarct detected on [magnetic resonance](#) imaging or computed tomography within 6.5 hours after [symptom onset](#) to undergo endovascular thrombectomy and receive medical care (thrombectomy group; 166 patients) or to receive medical care alone ([control group](#); 167 patients).

Due to results of similar trials favoring thrombectomy, the trial was stopped early. The researchers found that about 35 percent of the patients received thrombolysis therapy. The median modified Rankin scale score at 90 days was 4 and 6 in the thrombectomy and control groups, respectively (generalized odds ratio, 1.63; 95 percent confidence interval, 1.29 to 2.06).

At 90 days, death from any cause occurred in 36.1 and 55.5 percent of patients in the thrombectomy and control groups, respectively (adjusted relative risk, 0.65; 95 percent confidence interval, 0.50 to 0.84); the percentage of patients with symptomatic intracerebral hemorrhage was 9.6 and 5.7 percent, respectively (adjusted relative risk, 1.73; 95 percent confidence interval, 0.78 to 4.68).

"The use of thrombectomy plus medical care within seven hours after symptom onset led to a lower score on the modified Rankin scale at 90 days after randomization than [medical care](#) alone," the authors write.

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companies (Medtronic, Stryker, Balt Extrusion, MicroVention, and Cerenovus).

More information: Vincent Costalat et al, Trial of Thrombectomy for Stroke with a Large Infarct of Unrestricted Size, *New England Journal of Medicine* (2024). [DOI: 10.1056/NEJMoa2314063](https://doi.org/10.1056/NEJMoa2314063)

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