

MRI-Based Endovascular Thrombolysis



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Early treatment of acute ischemic stroke including thrombolysis is associated with improved clinical outcomes, but the benefit of recent advanced treatments are still limited due to the rigid time window. Development in neuroimaging may help to aid in the selection of patients who may still benefit from thrombolytic treatment beyond conventional time-based guidelines. MRI based thrombolysis, irrespective of the conventional time window, proves an improved safety profile while being at least as effective as standard CT-based treatment. Based on recent data, the absolute lesion volumes of the core infarct and of the surrounding region of hypoperfusion appear promising. DWI imaging provides better information of the ischemic core compared with CT imaging. CT imaging has difficulty to define the lesions in the posterior circulation and multiple small lesions in the cerebral cortex. MRI appears to provide a better assessment of clinical significant hemorrhage risk than non-contrast CT. The selection of patient is more important than time to treatment for a favorable outcomes beyond conventional time window and maybe even within the conventional time window.

Key Words: Stroke; Magnetic resonance imaging; Endovascular procedure

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