Endovascular Treatment in Acute Ischemic troke

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Although intravenous tissue plasminogen activator (tPA) in the treatment of acute ischemic stroke within 4.5 hours after stroke onset is current standard care, intravenous tissue plasminogen activator (tPA) provides the limited efficacy in patients with a large-artery occlusion. Recent large trials (MR CLEAN, ESCAPE, and EXTEND-IA) in acute ischemic stroke demonstrated the superiority of endovascular treatment compared with standard treatment in patients with large artery occlusion. Improved recanalization rate with the developed thrombectomy device have been impressively associated with clinical outcomes. Neither trial showed concerning safety problems. We still need to prove the optimal selection criteria for patients who are most likely benefit from endovascular treatment. Mechanical thrombectomy with effective devices can be considered the standard treatment for patient with acute ischemic stroke, a large-artery occlusion, and no significant size of infarct core.

Key Words: Cerebral infarction, Mechanical thrombolysis

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