In reply to "Mechanical thrombectomy in acute ischemic stroke, knowing our results"

En respuesta a «Trombectomía mecánica en el ictus isquémico agudo, conociendo nuestros resultados»

Dear Editor,

We wish to thank the authors for their interest and comments on our paper "Results and functional outcomes of acute ischemic stroke patients who underwent mechanical thrombectomy" ("Resultados y evolución funcional de pacientes críticos con ictus isquémico sometidos a trombectomía mecánica" in Spanish), and would like to make a few comments too:

We completely share the authors’ view in their letter on the importance of intensive care units (ICU) and intensivists in the good management of neuro-critically ill patients. We agree with their comments on the need for early admission to ICUs and the importance of multidisciplinary teams. However, we would like to emphasize the need for continuous improvement in the management of stroke patients, especially in the context of endovascular treatment.

There is no doubt that endovascular treatment has become a standard of care for patients with acute ischemic stroke. However, the timing and selection of patients for mechanical thrombectomy (EVT) remain crucial factors in achieving good outcomes. In our series, we have been expanding the indications for EVT, especially in patients with large vessel occlusions and good access to EVT. We agree with the authors’ statement that EVT should be performed in a multidisciplinary setting, involving neurologists, interventional radiologists, and critical care physicians.

We wish to congratulate the authors for their experience and good outcomes. Also, we agree on the need to conduct multicenter studies to know more on the outcomes of endovascular treatment. Our hospital will soon participate in the international multicenter randomized trial SWIFT DIRECT that will be comparing the clinical outcomes between two therapeutic strategies: EVT and EVT plus IV fibrinolysis.

References


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L. Viña Soria a, d,∗, D. Escudero Augusto a, d, S. Calleja Puerta b, P. Vega Valdés c, L. López Amor a, d, L. Martín Iglesias a, d

a Servicio de Medicina Intensiva, Hospital Universitario Central de Asturias, Oviedo, Asturias, Spain
b Servicio de Neurología, Hospital Universitario Central de Asturias, Oviedo, Asturias, Spain
c Servicio de Radiología, Hospital Universitario Central de Asturias, Oviedo, Asturias, Spain

∗ Corresponding author.
E-mail address: luciavina@yahoo.es (L. Viña Soria).

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