



CHALLENGES OF RECANALIZATION THERAPY IN ACUTE STROKE PATIENTS TAKING DOACS

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BACKGROUND AND AIMS

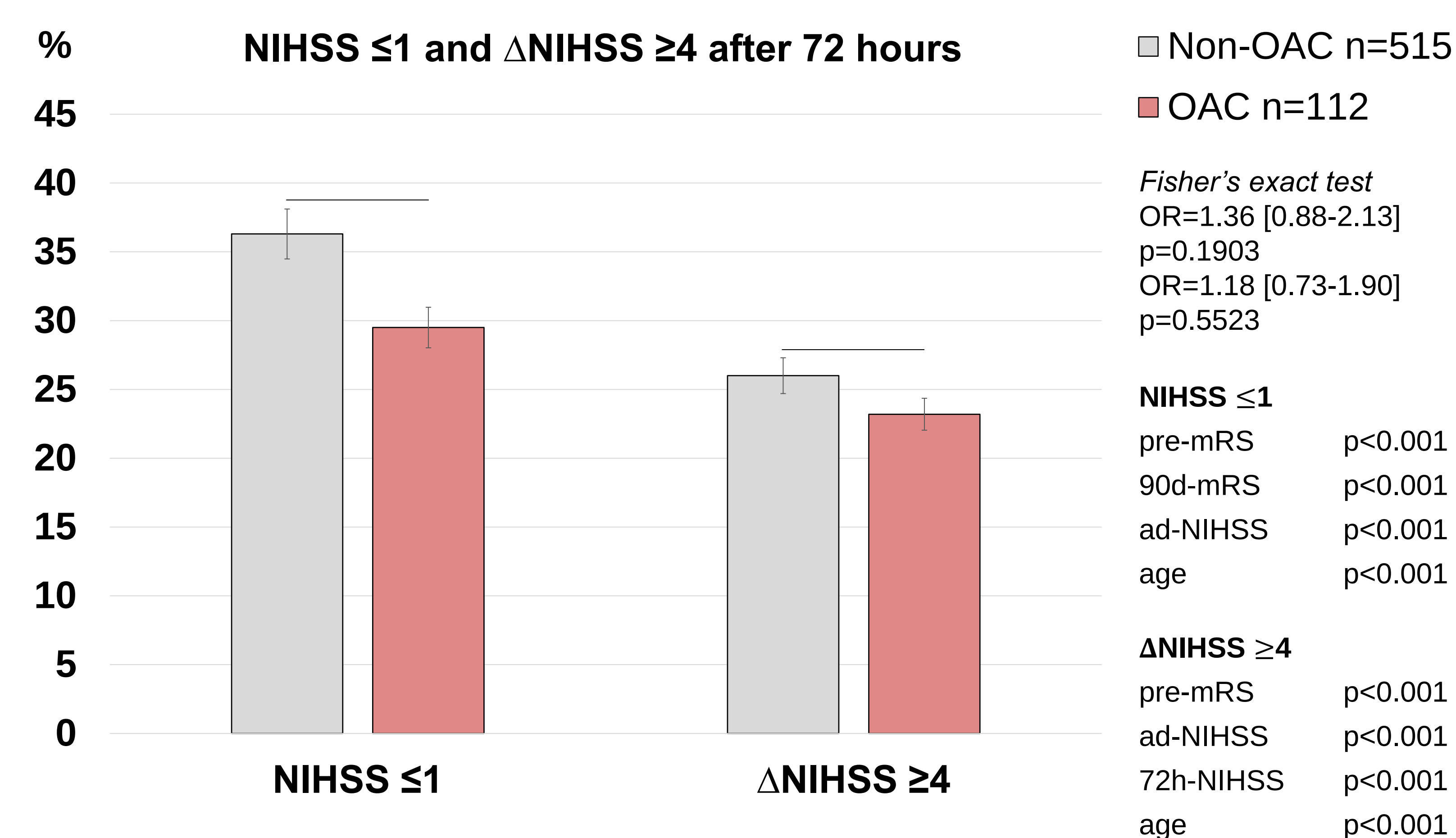
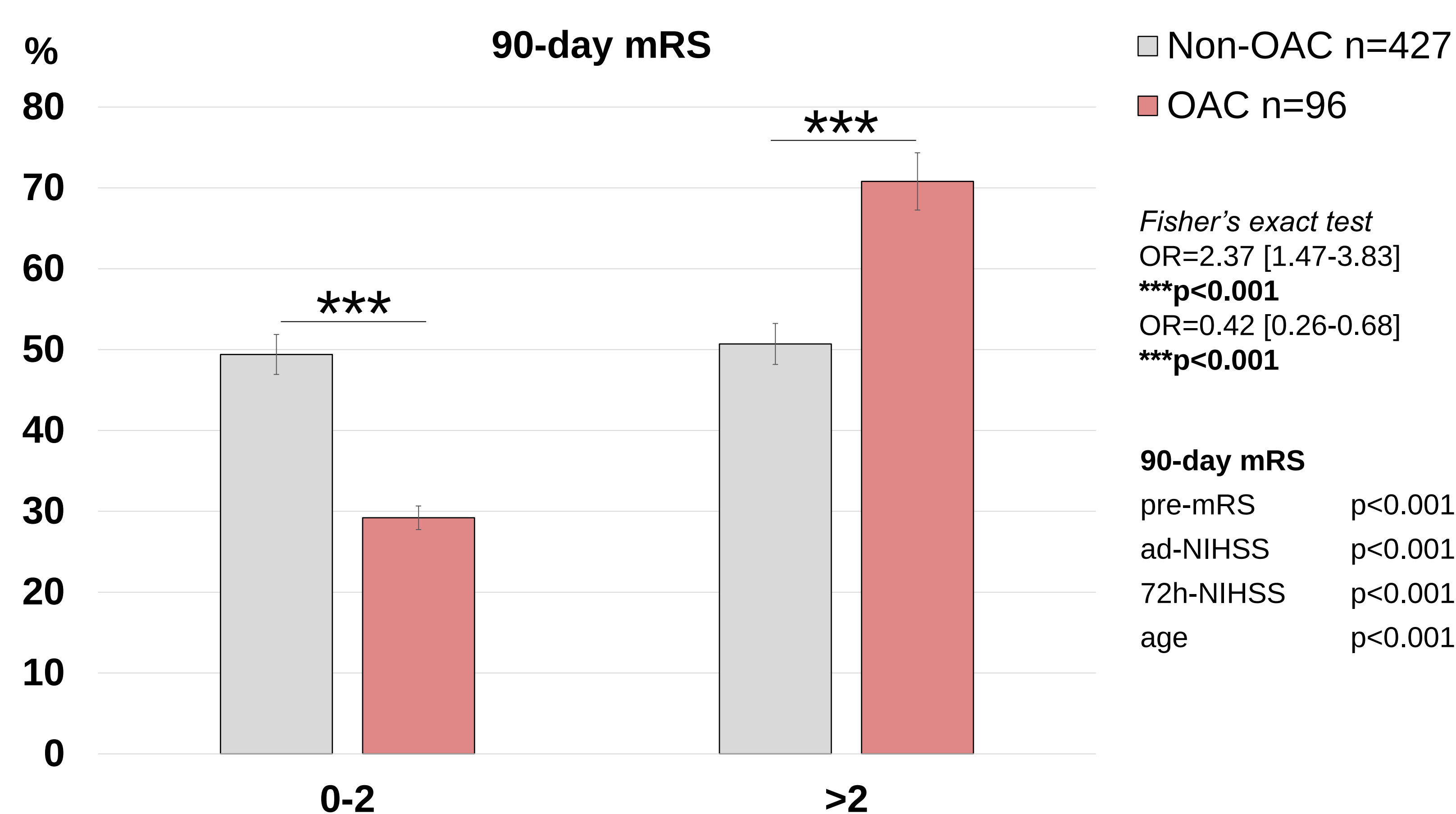
Direct oral anticoagulants (DOACs) and vitamin K antagonists (VKAs) are the recommended primary therapy for preventing acute ischemic stroke (AIS) in patients with atrial fibrillation. Nonetheless, an annual AIS risk of 1-2% endures despite their effectiveness. Intravenous thrombolysis (IVT) and mechanical thrombectomy (MT) are interventions capable of reducing AIS-related morbidity. Herein, we assess the safety and efficacy of recanalization therapy in anticoagulated patients.

METHOD

Within the prospective Transzláció Idegtudományi Nemzeti Laboratórium (TINL) STROKE-registry (RRF-2.3.1-21-2022-00011), AIS patients admitted to the Department of Neurology, University of Pécs, between February 2023 and March 2024 were investigated. The study's objective was to assess the association between oral anticoagulant (OAC), choice of reperfusion therapy, proportion of functionally independent patients at 90 days (modified Rankin Scale [mRS] ≤ 2), and clinical improvement (National Institute of Health Stroke Scale [NIHSS] ≤ 1 or change from baseline [Δ NIHSS] ≥ 4) after 72 hours. Outcomes were compared with (ordinal) logistic regression analyses adjusted for confounding factors.

RESULTS

A total of 627 eligible patients (DOAC, $n=72$ and VKA, $n=40$ vs. non-anticoagulated, $n=515$) was included. 307 patients underwent reperfusion therapy (133 IVT, 131 MT, 43 IVT+MT), the remaining 320 received standard care (SC). Anticoagulated patients ($n=112$) showed less favorable outcomes than non-anticoagulated patients ($n=515$): 29,2% vs. 49,4% 90-day mRS ≤ 2 , 29,5% vs. 36,3% NIHSS ≤ 1 , 23,2% vs. 26,2% Δ NIHSS ≥ 4 and 90-day mortality: 26,8% vs. 13,8%. However, this difference was no longer apparent after adjustment for baseline prognostic factors.



All patients admitted to the Department of Neurology, University of Pécs, from 31.01.2023-03.03.2024 ($n=782$)

Exclusion criteria

- AHS ($n=48$)
- TIA ($n=101$)
- Same patient ($n=6$)

Included patients
($n=627$)

OAC
 $n=112$

Non-OAC
 $n=515$

DOAC
 $n=72$

VKA
 $n=40$

AHS = acute hemorrhagic stroke
TIA = transient ischemic attack

CONCLUSIONS

Our study adds evidence to the safety and efficacy of recanalization therapy in patients with prior therapeutic anticoagulation.

ACKNOWLEDGEMENT

Eszter Jozifek, Dorottya Lócsei, Gabriella Dervár-Géra, Tibor Héja
József Janszky

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