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Emergency Interventional Stroke Therapy: A Statement from the American Society of Interventional and Therapeutic Neuroradiology ?Stroke Task Force of the American Society of Neuroradiology and The Society of Cardiovascular and Interventional Radiology

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Prior to PROACT II trial results (1), it had been the consensus opinion of the American Society of Interventional and Therapeutic Neuroradiology (ASITN) that intraarterial thrombolytic therapy for acute stroke was investigational. Although the results of the trial did not lead to FDA approval of a specific drug, the results are compelling evidence that intraarterial thrombolytic therapy can now be considered an acceptable and appropriate therapy for acute stroke.

The ASITN believes that use of the technique of intraarterial thrombolysis in selected patients is appropriate; ongoing research will better define the parameters of such intervention. The magnitude of neurologic deficit, the nature of the arterial occlusive lesion, and the time to treatment are among the factors that should be taken into account in counseling patients and their families regarding the benefits and risks of intraarterial thrombolytic therapy.

The ASITN believes that individuals performing emergency cerebral thrombolysis should be well trained and experienced in cerebral angiography, and appropriately credentialed in their hospital for

performing this procedure. These individuals should maintain records of their indications, successes, complications, and outcomes for cerebral angiography, according to the published guidelines (2).

Whereas experience and training in interventional stroke therapy is ideally achieved in a recommended program, other individuals with formal training and experience might appropriately perform thrombolysis. We believe minimum standards for credentialing for cerebral angiography and thrombolytic intervention should reflect the principles espoused therein (3).

References

1. Furlan A, Higashida RT, Weschler L, et al for the PROACT II Investigators. **Intra-arterial pro-urokinase for acute ischemic stroke. The PROACT II study: a randomized controlled trial.** *JAMA* 1999;282:2003–2011
2. Cooperative Study between the ASNR, ASITN, and SCVIR. **Quality improvement guidelines for adult diagnostic neuroangiography.** *AJNR Am J Neuroradiol* 2000;21:146–150
3. Higashida RT, Hopkins LN, Berenstein A, Halbach VV, Kerber C. **Program requirements for residency/fellowship education in neuroendovascular surgery/interventional neuroradiology: a special report on graduate medical education.** *AJNR Am J Neuroradiol* 2000;21:1153–1159