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Breaking an Ice: New Era in Stroke Therapy

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Current evidence suggests the superiority of mechanical thrombectomy over standard treatment in patients presenting with acute ischaemic stroke of the anterior circulation presenting up to 8 h following the onset of symptoms. However, before taking mechanical thrombectomy up to the next clinical level, a number of critical issues such as indication criteria, logistics and costs will need to be addressed. Specifically, in addition to the current symptom-driven temporal time frame, better understanding of stroke's evolution in individual cases as reflected by brain tissue and vascular imaging will be needed. Furthermore, while CT image quality may not be achieved by CT-like rotational angiography, it may

suffice to meet the indication criteria for interventional triage allowing direct access to intervention. Clarification of logistics shall include decisions upon training requirements for operators to ensure consistently a high quality of interventional treatments, development of teams with complementary expertise and establishment of 24/7 networks.

While similar issues have been successfully addressed by cardiologists in the past in the care of patients with acute coronary syndromes, simple transfer of know-how would fall too short. Intricacies of brain functions and blood supply along with the need for a broader interdisciplinary collaboration represent examples of additional challenges. Furthermore, given the increasing pressures on resources, cost accountability will also need to be clarified [1]. There is little doubt that interdisciplinary collaboration will be needed to successfully implement catheter-based interventions in the future management and care of patients with ischaemic stroke.

Reference

- 1 Lanzer P, Widimský P: Ischaemic stroke and ST-segment elevation myocardial infarction: fast-track single-stop approach. *Eur Heart J* 2015;36:2348–2355.