Risks of Acute Stroke Treatment in Patients with Cardiac Disease

In this journal, Rice et al. [1] from USA present their study on 477 patients with left ventricular assist device: 10.3% suffered acute ischemic stroke, the majority (59%) of which occurred in-hospital. Sixty-five per cent had INR values <1.7 and did not qualify for receiving iv thrombolysis. About 51% underwent CT angiography and 33% showed large vessel occlusions (mainly MCA occlusions) with 31% undergoing intra-arterial thrombectomy. A strong cooperation of interventional cardiologists and neurologists is important for managing this difficult and often underestimated common condition.

In addition, Holda and Koziej [2] from Poland present a meta-analysis on patients with a left-sided atrial septal pouch (LSSP) as an underestimated risk factor for stroke in patients otherwise classified as cryptogenic stroke. This condition is defined as a small, kangaroo pouch-like in-

dentation of the human interatrial septum, associated with a 2-fold increased risk of atrial fibrillation like a patent foramen ovale, which is a communication across the inter-atrial septum. Seven studies (400 cryptogenic stroke patients and 1,456 non-stroke controls) were included in the meta-analysis. A total of 138 LSSPs were identified among the cryptogenic stroke patients, with a pooled prevalence of 29.8% (95% CI 17.5–43.7%), and 268 LSSPs were identified in the non-stroke controls, with a pooled prevalence of 21.0% (95% CI 13.7–29.5%). The risk of cryptogenic stroke was higher in patients with an LSSP than in patients without LSSP (OR 1.52; 95% CI 1.15–2.00; $p < 0.001$). No significant heterogeneity was detected across the included studies ($p > 0.05$).

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References

- 1 Rice CJ, Cho S-M, Zhang LQ, Hassett C, Starling RC, Uchino K: The management of acute ischemic strokes and the prevalence of large vessel occlusion in left ventricular assist device. *Cerebrovasc Dis* 2018;46:213–217.
- 2 Holda MK, Koziej M: Left-sided atrial septal pouch as a risk factor of cryptogenic stroke: a systematic review and meta-analysis. *Cerebrovasc Dis* 2018;46:223–229.