Editorial

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As the COVID pandemic continues to wreak havoc across the globe, it can be challenging to focus attention on the beauty of life as well as science and clinical practice in cerebrovascular diseases. Thus, I hope you will find the bevy of articles in this issue of the journal to be a welcome distraction at this time, with several of them highlighted herein.

As most of the experience of mobile stroke units have come from high-income settings in the West, there is an article which is a welcome addition to the literature in outlining the early experience of the first mobile stroke unit in China, established in the small county-level city of Xingyang in the southern-central region of the country. Although the data presented are from a small series, the mobile stroke unit incorporating stroke expertise and computerized tomography in a specially equipped ambulance facilitated delivery of thrombolysis treatment to those with acute ischemic stroke as compared to similar patients managed conventionally through rapid transport and management at the local hospital. Naturally, more evidence is required on cost-effectiveness in relation to organization, and resources for establishment and maintenance of such a service, but these preliminary data are encouraging in offering opportunities to extend ac-

cess to proven stroke therapies beyond hospital boundaries.

With establishment of endovascular clot retrieval as the standard reperfusion therapy for patients with acute ischemic stroke due to large vessel occlusion, clinicians are well aware of the common finding of hyperdensities in the distribution of the ischemic region on the follow-up computerized tomography as a consequence of contrast extravasation, although these are sometimes confused with reperfusion intracerebral hemorrhage. An article provides a useful systematic appraisal of this topic, finding that overall hyperdensities were present in about half of nearly 2,000 patients included from 16 studies, and that the sign was related to symptomatic intracerebral hemorrhage, including those of parenchymal morphology, and poor functional outcome.

Miller Fisher was a doyen in neurology who made many seminal contributions to our understanding of the pathophysiology of cerebrovascular disease. One was the entity of lipohyalinosis as a distinct and prominent vasculopathy underlying lacunar infarction, which has stood the test of time with the decline in routine autopsies in clinical practice in parallel with the increasing diagnostic sophistication of neuroimaging. However, an article by

neurologists from West China Hospital in Chengdu provides a compelling argument over the mechanistic heterogeneity of lacunar infarction, made possible through the use of new high-resolution magnetic resonance imaging in defining the location and extent of endothelial integrity related to the small perforating cerebral vessels. Such work could lay the foundation for tailored therapies as part of precision medicine, including the potential to modify the risk of recurrent stroke events and some of the complications of cerebrovascular disease, such as vascular cognitive impairment.

Other articles raise the potential for the immunosuppressant drug rapamycin, first isolated from a bacterium found on Easter Island (aka Rapa Nui, hence the name), for the treatment of inoperable arteriovenous malformations of the face or brain, and attempt to define the pat-

terns and prognosis for different pathological types of stroke according to various demographic, clinical, and imaging features. The field of cerebrovascular disease is vast and remarkable – enjoy being enlightened.

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