

# BEYOND THROMBOLYTICS: MEDICAL MANAGEMENT OF ACUTE STROKE AND ITS EARLY COMPLICATIONS

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- Supportive care for ischemic stroke has two main objectives: 1) to minimize injury to potentially ischemic brain tissue, and 2) to prevent and treat the many neurologic and medical complications that may occur in the immediate period following stroke
- Particular attention should be paid to the following parameters: respiration, blood pressure, skin care, dysphagia/aspiration, urinary dysfunction, hospital acquired infection, venous thromboembolism, seizures, spasticity, and depression
- Prevention of ischemic stroke entails control of modifiable risk factors (arterial hypertension, diabetes mellitus, dyslipidemia, cigarette smoking, obesity, excessive alcohol intake), pharmacologic therapy, and surgical intervention
- Antithrombotic agents (antiplatelet agents or anticoagulants) and thrombolytic agents are the mainstays of medical therapy for acute ischemic stroke
- Choosing an antithrombotic agent in the management of acute ischemic stroke: risks, benefits, indications, and timeliness of use/balancing risk of ischemic and hemorrhagic complications
- IV tPA initiated up to 4.5 hours of symptom onset is a first-line treatment for acute ischemic stroke in selected patients
- Endovascular mechanical thrombectomy should be pursued for patients with large artery occlusion of the ICA terminus or proximal MCA (M1) with groin puncture achieved within 6 hours of symptom onset.
- Patients deemed suitable for IV thrombolysis should still receive IV tPA even if endovascular treatment will be pursued
- Consideration of thrombolysis and endovascular therapy for acute stroke in patients exposed to anticoagulation and antiplatelets
- Acute complications of antithrombotic use: management and long-term risk assessment
- Early (<48 hours) decompressive surgery with hemicraniectomy and durotomy may be lifesaving in patients with malignant cerebral edema

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