

### **Treating Ischemic Stroke in Cardiology Department: One Year Experience**

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**Introduction:** Most community hospitals in Israel lack a stroke unit but almost all have cardiology departments with non invasive and invasive facilities capable for evaluating and treating pts with ischemic stroke (IS).

**Aim:** To report a one year experience of treating IS in a cardiology department. **Material & Methods:** Each year almost 800 pts are admitted to our hospital with different clinical varieties of IS. Last year 14 pts (1.8%): 11M, 3F, mean age  $60 \pm$  year with IS were treated by iv rt-PA based on guideline criteria. 11/14 (79%) suffered from hypertension, 10/14 (71%) had hyperlipidemia and 8/14 (57%) had coronary artery disease. All pts underwent brain CT and TTE. 4/14 (29%) underwent cerebral angiography: 3 diagnostic and 1 therapeutic; stenting of acute left internal carotid thrombosis,

**Results:** Mean time from symptom onset to rt-PA infusion was  $150 \pm 15$  min. Mean national institute of health score scale (NIHSS) at admission was  $6 \pm 4$ . Only 5/14 (36%) showed neurological improvement by decrease in NIHSS  $> 4$  points, 7/14 (50%) had no improvement and 2 pts (14%) died. One pts (7%) suffered from intracranial hemorrhage which resolved with a conservative approach. 3/12 were discharged home and 9/12 were sent to rehabilitation centers. Mean modified Rankin score at discharge was  $3 \pm 2$ . One pts died during mean follow up of 6 months. Cause of death was suicide.

**Conclusions:** I. IS is an under treated clinical entity. II. Public education for early hospital arrival is strongly recommended. III. Cardiology departments especially in community hospitals experienced with coronary and carotid therapeutic procedures should be involved both in lytic and catheter based therapy among patients with IS.