

Acute stroke care in a stroke center in Delhi: challenges and learnings

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In india, stroke care remains a challenge due to various reasons including lack of awareness, social traditions & taboos along with inadequate availability of stroke centers. However, our center in delhi, caters to a large population with better health consciousness. We analysed our data of patients with acute ischemic stroke in past 18 months. 830 patients with acute stroke were admitted to our center, out of which 23.7% had hemorrhagic stroke, which is relatively high figure but corroborates with asian data. However, 72% of ischemic stroke patients were male, across all age groups, including after 60 years. this was an unusual demographic pattern, which may require further understanding. The average nihss was 9 with a range of 2 to 21. 169 patients i.e. 26.2 % of patients presenting with acute ischemic stroke were thrombolysed with intravenous tpa, which again is a high number, even with international tandards. another important finding was achievement of modified rankin scale (mrs) of 0-1 in about 60% of the thrombolysed patients at 3 months. The door to needle tme (dtn) was brought down from initial 60 minutes to less than 30 minutes with 1 patient getting thrombolysed within 5 minutes, which may be a kind of record. About 9-10% of patients had large vessel occlusion (lvo), requiring bridging therapy with digital subtraction angiography / mechanical thrombectomy. About 65% were having m1 segment occlusion of middle cerebral artery. About 50% patients after bridging therapy, showed an improvement of 2 point on mrs at 3 months. 6 patients had recanalization of m1 occlusion after intravenous thrombolysis only. 2 patients on noac were thrombolysed due to miscommunication but did not develop bleeding complications. Our experience indicates that challenges have made us wiser as shown by the data, but still a long way to go...