

## **Analysis of exclusion causes for thrombolysis in patients treated for acute stroke with primary endovascular therapy**

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**Introduction and aim:** It has been estimated that 25% of strokes are candidate to intravenous thrombolysis (IVT) and 10% to endovascular therapy (EVT). In our hospital, we observe a disproportion of the number of thrombolysis, in favor to primary EVT. We aim to analyze whether this fact is due to protocol deviations or to our condition of EVT reference hospital. **Material and methods:** Prospective observational analysis of causes of exclusion for thrombolysis in all consecutive cases treated in our center with primary EVT during a period of 6 months. **Results:** 104 cases were treated with any reperfusion treatment: 50 with IVT (alone in 24, combined with EVT in 26) and 54 with primary EVT. **Causes of IVT exclusion were:** Awakening stroke or unknown time of onset: 19, anticoagulation: 8, window 4, 5 hours: 6, traumatic head injury: 5, digestive tumors: 2, recent major surgery: 2, Other causes: 12, of which only 2 were unjustified and 1 was a relative contraindication. Separate analysis of the 67 patients directly seen in our hospital or derived from "non-thrombolysis" centers, showed: 38 patients were treated with IVT (alone in 24 and combined with EVT in 14), and 29 with primary EVT. This group included the patient with relative contraindication and the 2 patients without contraindication who did not receive thrombolysis due to immediate availability of angiography suite. **Conclusion:** Proportion of patients treated with primary EVT in our center is above expected. Considering patients not specifically derived for EVT, proportion of IVT grows but still under expected figures. Less than 4% of thrombolysis exclusion was the result of protocol deviation in the context of immediate availability of angiography suite. Thus, we conclude that the mentioned disproportion is due to a wider indication spectrum of EVT compared to IVT.