

# Intravenous thrombolysis of cerebral infarctions: experience of the stroke unit HUC Oran (Algeria)

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## Introduction:

Intravenous thrombolysis is an effective and validated treatment for the acute phase of ischemic stroke. It has been practiced for about 20 years in western countries, but it is slow to develop in Algeria.

**Objective:** To report the first cases of intravenous thrombolysis in HUC Oran (Algeria)

## Patients and methods:

Our study is prospective, included the data of patients thrombolysed for cerebral infarction at the level of the stroke unit of the HUC Oran within 07 years. We clinically evaluated the patients by the NIHSS score (National Institute Health Stroke Scale).

Cerebral thrombolysis was performed on computed tomography data (ASPECTS scores).

## Résultats:

- The first thrombolysis was on 08-04-2015
- 330 patients benefited from thrombolysis with an average age of 65 years with extremes of 38 to 94 years.
- The average consultation time after the start was 80 minutes in 2015 and 55 Mn in 2022 .
- The median initial NIHSS score was 12 and that of discharge was 4.
- The DNT was 90 Mn in 2015, 60 Mn in 2018 and 15 Mn in 2022.
- The average hospital stay for thrombolysis patients was 3 days.
- 2 patients died from their strokes without hemorrhagic transformation.
- 1 patient presented a haemorrhagic transformation without consequences on the clinical state.
- significant improvement in Mrs at 3 months in thrombolysis patients
- No thrombectomy at huc oran

## Discussion:

The initiation of thrombolytic treatment allowed us to confirm the data in the literature in terms of efficacy, indeed with the same average NIHSS score of 12 on admission, at discharge it was 4 against 10 for patients not thrombolysed. The poor therapeutic response concerned cerebral infarctions secondary to proximal carotid thrombosis.

## Conclusion:

Thrombolytic therapy are the most important advance in the management of acute ischemic stroke and has been evaluated in several randomised trials. Thrombolysis with recombinant tissue plasminogen activator (rt-Pa) is effective within 4,5 h of onset of ischemic stroke and this efficacy is similar between different stroke subtypes.