Thrombolysis for Acute Stroke in Pediatrics

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Firstly, no symptomatic intracranial hemorrhage was reported in the tPA group; secondly, mortality and dependency were more frequent in the tPA group at discharge, but the difference was not significant, and thirdly, patients of the tPA group needed mechanical ventilation more frequently and their stay was longer.

However, mortality, dependency, hospital stay and mechanical ventilation are related to the severity of the stroke, and this variable is not controlled in this study. In addition, no data about the National Institutes of Health Stroke Scale (NIHSS; before and after thrombolysis), the modified Rankin Scale and the Barthel Index scores are provided, because this register is retrospective. Finally, neither the therapeutic window, tPA doses, nor information about the vessel occluded are explained. Without these data no conclusion about efficacy of thrombolysis can be drawn.

This original and provocative study of Janjua et al is the first approach to thrombolysis in children with acute stroke, and it proves the need for a randomized, controlled, double-blind trial to check tPA efficacy and safety in this group of patients. However, thrombolysis is a neurological therapy and pediatricians are not familiarized with this treatment. For this reason, neurologists are responsible for informing pediatricians of our experience in thrombolysis in adults. At present, thrombolysis in pediatric stroke is following the same path that thrombolysis in adults followed at the end of the past century.

Disclosures

None.

References


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