Therapy of Basilar Artery Occlusion: Individual Protocols Needed

To the Editor:

We read the recent article by Lindsberg and Mattle1 about treatment in basilar artery occlusion (BAO) with great interest. Their conclusion about IV thrombolysis probably being similarly effective as intra-arterial application provoked the expected controversial debate by colleagues from different stroke centers.2–8 Nevertheless, many patients with BAO are admitted to community hospitals without stroke units nor on-call neuroradiologists limiting both diagnostic and interventional options. Thus, the approach to treatment for such patients needs to be different. IV thrombolysis is an interesting alternative, but stroke expertise needs to be transferred to those hospitals in time. Recently, some telemedical networks with online patient examination in real-time and scan transmission like our German TEMPiS Project9 were established. They are aimed to bring stroke unit knowledge to those hospitals and to decrease the time until diagnosis and until treatment, eg, in BAO patients.

At the beginning of our project, the majority of the BAO patients in the community hospitals received anticoagulation and were transferred to the nearest stroke center by the fastest means of transport. We examined the interhospital duration of transport and found a disappointing 147 minutes from BAO diagnosis to arrival in the stroke centers on average.10 Having this information and Lindsberg’s study11 in mind, we changed our policies and now start a “bridging” IV thrombolysis in the community hospitals. The patients get an angiography after arrival at the stroke centers. Further treatment like intra-arterial thrombolysis, mechanical devices or anticoagulation depends on the angiographical findings. So far, first experiences of this approach in out network are promising but need further validation. The combination of telemedical networks and early start of therapy might present a potential chance for those patients with an otherwise devastating chance of survival.

Disclosures

None.

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