In conclusion, we agree that a low-dose IV tPA regimen could be appropriate for Japanese patients with IS. However, the results from other Asian populations provide a compelling reason to re-evaluate the thrombolysis regimen in Japan, especially when there has never been a head-to-head comparison of low-dose and standard dose IV tPA. Owing to the rapid improvements in socioeconomic conditions, healthcare facilities, and public awareness, thrombolysis services in patients with acute IS are expected to improve. We propose a larger study (or even a registry) across Asia to alleviate the prevailing hesitations among stroke neurologists as well as the controversies related to the IV tPA dose.

Disclosures

None.

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Intravenous Thrombolysis With Low-Dose Recombinant Tissue Plasminogen Activator in Acute Ischemic Stroke
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