

急性缺血性腦中風患者接受血栓溶解劑現況分析

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The Analysis of rt-PA Therapy for Acute Ischemic Stroke

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Background and Purpose:

Rt-PA therapy had been proved to be beneficial to the patients with acute ischemic stroke. For patients with acute ischemic stroke, if the onset was within three hours, rt-PA is the current standard treatment. In Taiwan, approximately 80% of strokes are ischemic strokes. But the current appliance rate of rt-PA in Taiwan was still low, accordingly less than 2% of ischemic stroke patients would receive rt-PA therapy. The aim of the review was to evaluate the outcome correlated with the onset time, rt-PA therapy, and complication of bleeding in China Medical University Hospital in recent two years.

Methods:

Retrospective analysis of the patient received rt-PA from 2010 to 2012 in China Medical University Hospital. The main parameters are the onset time, the rate of receiving rt-PA, the change of NIHSS score, and the rate of symptomatic hemorrhage.

Results:

The rate of receiving rt-PA was 4.2% of the whole patients with acute ischemic stroke. Only 15.7% of all acute ischemic stroke would arrive hospital within three hours. Meanwhile, 26.3% of these patients received rt-PA therapy. The average improvement of NIHSS score was 2.75 after receiving rt-PA. The more improvement of NIHSS score was observed at patients who received rt-PA within 60 minutes than within 60 to 120 minutes (3.6 and 1.4 respectively). If the initial NIHSS score was within 9 to 12 and received rt-PA within 60 minutes, the average improvement of NIHSS score was 5.4. Above all, 4.4% would have symptomatic intracranial hemorrhage. About 8.8% patient with all acute ischemic stroke arrived hospital at 3 to 6 hours after onset, hence could not receive rt-PA due to delayed time course.

Conclusion:

There is a trend that the sooner the patient receive rt-PA, the better outcome would be. Further education to the mass society is crucial for the earlier intervention of acute ischemic stroke.

施打rt-PA案件	N:136		症狀發生至急診時間			症狀發生至急診時間	
			<60分(N:71)	61-120分(N:47)		<60分(N:68)	61-120分(N:43)
平均施打前後NIHSS改善	2.75分	平均施打前NIHSS分數	15.1	11.8	施打前NIHSS介於6~8者改善分數	2.3	0.7
症狀性出血比率	4.40%	平均施打後24hrNIHSS分數	11.5	10.42	施打前NIHSS介於9~12者改善分數	5.4	-0.2
平均劑量	10.75mg/kg	平均施打前後NIHSS改善分數	3.6	1.4	施打前NIHSS>12者改善分數	3.7	3.7

