

[1]马海,陈康宁,任亚静,等.多模式CT指导下动脉溶栓术对急性脑梗死的治疗研究[J].第三军医大学学报,2012,34(21):2188-2190.

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多模式CT指导下动脉溶栓术对急性脑梗死的治疗研究 [PDF](#) 分享到:

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Title: Multimode CT guided artery thrombolytic therapy in treatment of acute cerebral infarction

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关键词: [脑梗死](#); [动脉溶栓术](#); [头颅CT](#)

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摘要: 目的 观察多模式CT指导下的动脉内rt-PA接触溶栓的疗效。 方法 2010年6月至2012年6月于中铁二十局中心医院神经内科就诊的急性缺血性卒中患者,经多模式CT筛选出符合溶栓的患者32例。其中男性22例,女性10例。年龄39~73岁,平均64岁。分为<3 h组及3~6 h组。记录溶栓前后的美国国立卫生研究院卒中量表(national institute of health stroke scale,NIHSS)、改良蓝金评分(modified rankin scale,MRS)及巴塞尔指数(barthel index,BI)。 结果 32例样本中26例(81.3%)患者溶栓治疗有效,23例(71.9%)临床结局良好,16例(50.0%)血管完全再通,症状性出血1例(3.1%)。溶栓前后NIHSS、MRS及BI明显改善,<3 h及3~6 h组溶栓安全性无显著差异($P>0.05$)。 结论 多模式CT指导的动脉溶栓术治疗急性缺血性卒中是一种有效可行的方法。

Abstract: Objective To investigate the efficiency of multimode CT to guide intra-arterial thrombolytic therapy with recombinant tissue plasminogen activator (rt-PA). Methods From June 2010 to June 2012, the patients within 6 h after stroke who visited our department were recruited, and evaluated by multimode CT scanning. There were 32 chosen patients eligible to receive intra-arterial thrombolytic therapy with rt-PA. They were 22 males and 10 females, with an age of 39 to 73 (mean 64). They were divided into 2 groups, within <3 h group and 3 to 6 h group according to the time after onset of ischemic stroke. Their NIH stroke scale (NIHSS), modified Rankin score (mRS), and Barthel indexes were recorded before and after intra-arterial thrombolytic therapy. Results After rt-PA treatment, 26 of 32 (81.3%) patients obtained sound outcome of

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thrombolytic therapy. Favorable outcome was obtained in 71.9% patients (23/32). Sixteen patients (50%) had recanalization in the occluded arteries after rt-PA treatment. There was 1 patient (3.1%) having symptomatic intracranial hemorrhage (ICH) in the cohort of patients. NIHSS, mRS and BI score was improved after thrombolytic therapy. There was no significant difference between 2 groups in safety of thrombolytic therapy. Conclusion Multimode CT evaluation in the rt-PA therapy is an useful tool to select eligible patients after acute ischemic stroke for intra-arterial thrombolytic therapy.

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