

and is a safe and effective method followed by favorable functional outcomes.

Disclosure of Interest no.

P141

5-YEAR ANALYSIS OF INTRAVENOUS THROMBOLYSIS RELATED INTRACRANIAL HAEMORRHAGE – DID CEREBRAL MICROBLEEDS PRECLUDE TREATMENT IN PATIENTS WITH ACUTE ISCHEMIC STROKE?

Tariq Ghattas, Mohammad Altibi, Vijay Sawlani. *University Hospitals Birmingham, Birmingham, UK*

10.1136/jnis-2024-ESMINT.177

Introduction Early treatment with intravenous thrombolysis (IVT) < 4.5 hours from symptom onset increases the proportion of patients who survive with a favourable outcome after an acute ischemic stroke (AIS). Intracerebral haemorrhage (ICH) is the feared risk of systemic thrombolysis and may be secondary to haemorrhagic transformation, bleeding into an ischaemic area following reperfusion or cerebral microbleeds (CMBs).

Aim of Study The primary aim is to examine the association between IVT in patients with AIS and post IVT ICH. The secondary aim is to evaluate CMBs as an independent risk factor for post IVT ICH.

Methods A 5-year retrospective analysis of all patients treated with IVT for AIS in our institution was performed. Gradient Echo MRI sequences were used to evaluate the presence, number, and location of CMBs. Statistical models were used to determine the relationship between CMBs and haemorrhagic transformation.

Results Of 434 patients (average age 65 years, 54% women, mean NIHSS score 9), the incidence post IVT intra or extra axial bleeding was 9.9%. Of those, 79.5% had ICH, 18.2% had SAH and 2.3% had SDH. Of patients with ICH, 30 (85.7%) patients had haemorrhagic transformation (HT). Old age, extensive small vessel disease, chronic infarcts and early cortical swelling were predisposing factors in these cases. 5 patients (14.3%) had >10 CMB consistent with probable CAA.

Conclusion The rate of post IVT ICH is approximately 1 in 10 in our cohort. Reliable risk assessment for probable CAA requires pre-existing MRI head prior to IVT treatment. This is a practical limitation of current practice.

Disclosure of Interest no.

2.1. Logistics

P142

THE BRAIN GAIN: HOW ÖREBRO IS TURNING THE TIDE ON STROKE CARE IN SWEDEN

^{1,2}Alex Szolics. ¹Karolinska University Hospital, Stockholm, Sweden; ²Örebro University Hospital, Örebro, Sweden

10.1136/jnis-2024-ESMINT.178

Introduction Central Sweden has faced significant stroke care disparities. The Örebro Comprehensive Stroke Center was established to address these challenges, transforming regional care pathways, and influencing national stroke care approaches. This study evaluates the center's success,

particularly the implementation of parallel information flow pathways.

Aim of Study

Methods A retrospective analysis was conducted using data from the Swedish Stroke Registry and The Swedish Endovascular Stroke Registry, covering June 2021 to March 2024. This study assessed the impact of a new stroke care pathway in Örebro, featuring enhanced parallel information flows for faster data access and decision-making. The analysis focused on changes in transport times, thrombectomy rates, and clinical outcomes.

Results Previously, Örebro was the most conservative center in the country, sending only 2% of all stroke patients for thrombectomy. Post-intervention, this rate increased to 21%, making Örebro a leader in national rankings and gaining international recognition. These improvements led to significantly better clinical outcomes for the first 500 treated stroke patients. Success is largely attributed to strong administrative support and the rapid implementation of efficient information flow among healthcare stakeholders.

Conclusion The Örebro Comprehensive Stroke Center has significantly reduced regional disparities and serves as a potential blueprint for national healthcare strategies. Its innovative approach and dramatic increase in thrombectomy rates demonstrate a promising direction for the evolution of stroke care across Sweden.

Disclosure of Interest no.

P143

COMPARATIVE ANALYSIS OF STROKE CARE PERFORMANCE IN WEST GEORGIA AND WEST UKRAINE

¹Andrii Netliukh, ²Iago Tsertsvadze, ³Mario Ganau, ⁴Andrian Sukhanov, ²Giga Sulaberidze, ²Lasha Dzotsenidze, ³Adam Dmytriw, ²Nana Tchanchaleishvili. ¹1st Lviv Territorial Medical Union, Lviv, Ukraine; ²West Georgia Medical Center, Kutaisi, Georgia; ³Nuffield Department of Clinical Neurosciences, Oxford University Hospitals, Oxford, UK; ⁴First Lviv Territorial Medical Union, Lviv, Ukraine; ⁵Neuroendovascular Program, Massachusetts General Hospital and Brigham and Women's Hospital, Harvard Medical School, Boston MA

10.1136/jnis-2024-ESMINT.179

Introduction West Georgia Medical Centre (WGMC) and the 1st Lviv Territorial Medical Union (1TMU) serve as the exclusive comprehensive stroke centers in West Georgia and West Ukraine, respectively. WGMC spans 31,500 km², serving 950,000 residents in 23 cities/towns, while 1TMU extends over 21,833 km², catering to 2,478,100 residents across 78 cities/towns. Despite distances of up to 220 km from WGMC and 138 km from 1TMU, patient transfer delays vary, highlighting their vital roles in stroke care.

Aim of Study To evaluate the quality and performance of stroke services provided by these institutions.

Methods Retrospective analysis was conducted on electronic medical records of patients undergoing mechanical thrombectomy (MT) at both institutions. Ukrainian data covers September 2022 to August 2023, while WGMC data spans from July 2019 to August 2023. Assessment parameters included the National Institutes of Health Stroke Scale (NIHSS), Alberta Stroke Program Early CT Score (ASPECTS), and Modified Rankin Scale (mRS).

Results Enrollment comprised 72 1TMU and 65 WGMC patients. NIHSS scores, initial ASPECTS, and mRS upon discharge showed no significant differences. Symptom onset-to-admission time averaged 294 minutes at WGMC and 115 minutes at 1TMU. Sedation was prevalent in 91% of cases at