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华山医院中澳合作研究解开急性缺血性脑卒中治疗中的血压谜团

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2月5日，华山医院神经内科、国家老年疾病临床医学研究中心（华山）董强教授、程忻副主任医师团队与澳洲皇家墨尔本医院Mark Parsons教授团队合作研究的最新成果以《急性缺血性脑卒中治疗中的血压谜团（The Blood Pressure Paradox in Acute Ischemic Stroke）》为题，在线发表于神经病学领域的权威杂志《神经病学年鉴》（*Annals of Neurology*）上。

Annals of NEUROLOGY An Official Journal of the American Neurological Association and the Child Neurology Society

Research Article
The Blood Pressure Paradox in Acute Ischemic Stroke

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The Blood Pressure Paradox in Acute Ischemic Stroke.
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Abstract
OBJECTIVE: To explore the association of post-stroke baseline blood pressure with cerebral collateral flow and functional outcome in acute ischemic patients with large vessel occlusion/stenosis.

METHODS: Patients identified with large vessel occlusion/stenosis with baseline multimodal computed tomography, follow-up imaging, and complete clinical profiles were included. A 90-day modified Rankin Scale of 0–1 was defined as an excellent functional outcome. Cerebral collateral flow was quantified by the volume ratio of tissue within the delay time>3 seconds perfusion lesion with severely delayed contrast transit (delay time>3s/delay time=6s).

RESULTS: There were 306 patients included in this study. With every increase of 10mmHg in baseline systolic blood pressure, the odds of achieving an excellent functional outcome decreased by 12% in multivariate analysis (odds ratio 0.88, P=0.048). Conversely, increased baseline blood pressure was associated with better collateral flow. In subgroup analysis of patients with major reperfusion, higher blood pressure was associated with decreased infarct growth and a better clinical outcome, and vice versa in patients without reperfusion treatment. This article is protected by copyright. All rights reserved.

INTERPRETATION: Higher baseline blood pressure in acute ischemic stroke patients with large vessel occlusion/stenosis was associated with better collateral flow. However, for patients without reperfusion, higher baseline blood pressure was associated with increased infarct growth, leading to an unfavorable clinical outcome. The relationship between blood pressure and outcomes is highly dependent on reperfusion and active blood pressure lowering treatment may be inappropriate in acute ischemic stroke patients prior to reperfusion treatment. This article is protected by copyright. All rights reserved.

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KEYWORDS: Blood Pressure, Cerebral Collateral Flow, Functional Outcome

该研究团队针对“急性缺血性卒中治疗中最佳血压控制范围”这一脑血管领域的研究热点，利用中澳合作的全球急性卒中多模式CT影像数据库进行长期研究，发现在获得再灌注治疗的情况下，缺血性卒中急性发作后基线血压高有利于改善侧支循环，反之，基线血压高则可能导致梗死体积扩大、预后不良。由此，研究团队首次提出是否获得再灌注是血压与预后关系的修饰因子，同时首次提出合理选择降压（或升压）治疗时间点的重要性。再灌注治疗前保持高血压可促进侧枝循环，再灌注治疗后积极降血压可改善预后，减少出血，也就是积极降血压需要在再灌注治疗后。这一研究成果也为下一步干预性临床试验的设计提供了重要信息。

自2011年起，华山医院神经内科主任董强教授带领的血管组团队就与Mark Parsons教授合作开展了急性卒中多模式CT影像研究，建立了急性卒中救治流程，在华山医院急诊CT工作站上安装了MIS tar自动化后处理软件，实时指导急性卒中患者的血管再通治疗，在国内乃至国际上均处于领先地位。在长达7年多的合作中，双方已在Brain、Annals of Neurology、Stroke等权威杂志上合作发表了一系列高影响因子的文章。

得益于国际合作及医院放射科、神经外科、介入科的大力支持，神经内科急性卒中团队利用多模式CT影像，已评估急性卒中患者2000余例，成功救治患者近千例。在此基础上，董强教授作为首

席科学家，主持科技部重点研发计划，负责“多模式影像指导下扩大时间窗溶栓的安全性及有效性研究”课题研究，开展国产新型溶栓药物的随机对照临床试验，取得了丰富的成果。

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