

[1]周颖奇,单培佳,单连标,等.急性脑梗死静脉溶栓前MRI检查的可行性与安全性研究[J].第三军医大学学报,2013,35(06):558-561.

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急性脑梗死静脉溶栓前MRI检查的可行性与安全性研究

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Title: Feasibility and safety of MR imaging for acute ischemic stroke before thrombolytic treatment

作者: [周颖奇](#); [单培佳](#); [单连标](#); [王施](#); [周建光](#)
解放军第411医院神经内科

Author(s): [Zhou Yingqi](#); [Shan Peijia](#); [Shan Lianbiao](#); [Wang Shi](#); [Zhou Jianguang](#)
Department of Neurology, No.411 Hospital of PLA, Shanghai, 200081, China

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摘要: 目的 了解急性脑梗死患者静脉溶栓前实施MRI检查的可行性及安全性。 方法 采用包含MRI检查的优化溶栓流程,对我院2010年4月至2012年5月的急性脑梗死患者进行了静脉溶栓。观察并记录患者的发病-溶栓时间(onset to treatment time, OTT)、急诊-溶栓时间(door to needle time, DNT)以及溶栓后的临床转归;并将其与国内外公开发表、采用CT检查流程的静脉溶栓研究的同类数据进行比较。 结果 本组108例静脉溶栓患者中溶栓前行MRI检查的100例(92.6%)。溶栓前所耗时间:发病-溶栓的中位时间为180 min、急诊-溶栓中位时间为85 min。溶栓后90 d时良好结局的(改良Rankin评分 0~1分)比例为50.9%(55/108)、症状性颅内出血率为3.7%(4/108)。与采用CT检查的同类对照研究数据相比,溶栓前所耗时间小于中国国家卒中注册研究的结果;溶栓后90 d时的良好结局及症状性颅内出血率均显著优于赫尔辛基注册研究的数据($P<0.05$, $P<0.01$)。 结论 优化流程下的MRI检查未延误患者的溶栓时间,也未恶化溶栓患者的临床转归,故静脉溶栓前行MRI检查安全、可行。

Abstract: Objective To analyze the feasibility and safety of magnetic resonance imaging (MRI) for acute ischemic stroke patients before thrombolysis. Methods During April 2010 to May 2012, MRI was employed to evaluate in patients referred with presumed acute stroke to optimize the procedure of thrombolysis in our hospital. Onset to treatment time (OTT), door to needle time (DNT), and clinical outcomes after thrombolytic treatment were compared with other published open label studies based on conventional CT protocol. Results There were 108 patients enrolled in this study, and 100 of them (92.6%) received MRI before thrombolysis. The median OTT was 180 min, and the median DNT was 85

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min. Modified Rankin scale (mRS) indicated that in 90 d after treatment mRS 0-1 was accomplished in 55 patients (50.9%), and symptomatic intracranial hemorrhage (sICH) was found in 4 patients (3.7%). Compared with the data based on CT scanning, our results were better than those of the Chinese National Stroke Registry and the Helsinki Stroke Thrombolysis Registry respectively.

Conclusion MRI can be performed in acute stroke patients without delaying rt-PA treatment, or leading to worse outcomes. MRI before intravenous thrombolysis is feasible and safety under the optimized designed protocol.

参考文献/REFERENCES

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