

Reply to "Hospital stroke registers: Similarities and differences"[☆]



Réplica al artículo «Registros hospitalarios de ictus: similitudes y diferencias»

Dear Editor:

It was with great interest that we read the letter in response to our recently published article¹ underscoring the importance and benefits of stroke registries, and we wish to thank the authors for their valuable remarks.

We agree that very few stroke registries have been published in our setting; this is especially significant in view of the high prevalence and great social impact of stroke. Prospective registries (not only for stroke, but for any condition) are a good working methodology and represent high-quality patient care. Furthermore, registries are essential to understand the natural history and trends of any condition; this is particularly relevant in the case of stroke, given the numerous diagnostic and treatment advances seen in stroke management. In addition to data from simple registries, it would be extremely helpful to have cumulative data and trend analyses such as those published by the team working at Hospital Universitari Sagrat Cor.^{2,3} Like-

wise, a prospective registry is a source of data for future studies.

In summary, we thank the authors for their interest in our study and endorse their comments on stroke registries.

Conflicts of interest

The author has no conflicts of interest to declare.

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Early recurrence of cardioembolic stroke successfully treated with a second thrombectomy^{☆,☆☆}



Recurrencia precoz de infarto cardioembólico tratada con éxito mediante una segunda trombectomía

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^{☆☆} This case report was presented in the outstanding posters section at the 67th Annual Meeting of the Spanish Society of Neurology under the title "Doble intervencionismo: tratamiento de un reinfarto precoz" (repeated thrombectomy for early recurrence of stroke).

Dear Editor:

Fibrinolysis with recombinant tissue plasminogen activator (rt-PA) improves stroke prognosis when administered within the first 4.5 hours of the ischemic event. The treatment is contraindicated in certain clinical situations, however, such as in early recurrence of stroke. According to recently published clinical trials,^{1–5} intra-arterial mechanical thrombectomy after thrombolysis in proximal occlusions of intracerebral arteries achieves higher reperfusion rates and results in fewer clinical sequelae than thrombolysis alone. However, there is still little evidence on the feasibility and safety of this treatment for patients experiencing early recurrence of ischemic stroke. We describe the case of a patient undergoing 2 mechanical thrombectomies in 28 hours due to reocclusion of the right middle cerebral artery (MCA).

Our patient, a 58-year-old man, was an obese former smoker who experienced sudden-onset left hemiparesis and hemihypoesthesia (NIHSS = 13). A de novo atrial fibrillation (AF) was detected during the patient's transit to hospital. AF spontaneously reverted to sinus rhythm. A