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CASE REPORT

Challenges to Thrombolysis in A Resource-Poor Setting- A Case Report

Défis De La Thrombolyse Dans Un Contexte De Ressources Limitées - Un Rapport De Cas

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ABSTRACT

A major complication of acute ischemic stroke is death and disability. The emergence of reperfusion therapy in form of thrombolysis and endovascular thrombectomy has led to the reversal of this trend in high-income countries. Low- and middle-income countries are yet to benefit maximally from these time-bound treatment options due to some limitations. We intend to highlight some of these in this report.

We report an 80-year-old male patient with hypertension and first-degree AV block admitted 3 hours after the onset of stroke with National Institutes of Health Stroke Scale (NIHSS) score of 13 and Medical Research Council (MRC) muscle power grade 3 in both the left upper and lower limb. Urgent non-contrast brain CT revealed no evidence of hemorrhage. Intravenous tissue plasminogen activator (tPA) was administered at a dose of 0.6 mg/kg 9 hours after symptom onset. He made significant improvement afterward and was discharged.

The challenges encountered in his management include prehospital and intrahospital delay, and unavailability of tissue plasminogen activator.

There is a need for an improved healthcare delivery system in order to reduce the morbidity associated with acute ischemic stroke.

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KEYWORDS: Ischemic, Stroke, Thrombolysis, Tissue, Plasminogen, Thrombectomy.

RÉSUMÉ

Une complication majeure de l'accident vasculaire cérébral ischémique aigu est le décès et l'invalidité. L'émergence de la thérapie de reperfusion sous forme de thrombolyse et de thrombectomie endovasculaire a conduit à l'inversion de cette tendance dans les pays à revenu élevé. Les pays à revenu faible et moyen n'ont pas encore pleinement bénéficié de ces options de traitement limitées dans le temps en raison de certaines limitations. Nous avons l'intention de mettre en lumière certaines de ces limitations dans ce rapport.

Nous rapportons le cas d'un homme de 80 ans, connu pour son hypertension et un bloc auriculo-ventriculaire de premier degré, admis 3 heures après le début de l'accident vasculaire cérébral avec un score de 13 à l'échelle d'AVC des National Institutes of Health (NIHSS) et une force musculaire du Medical Research Council (MRC) de grade 3 dans les membres supérieurs et inférieurs gauches. Une tomographie cérébrale urgente sans produit de contraste n'a révélé aucune preuve d'hémorragie. De l'activateur tissulaire du plasminogène (tPA) par voie intraveineuse a été administré à une dose de 0,6 mg/kg 9 heures après le début des symptômes. Il a ensuite connu une amélioration significative et a été autorisé à quitter l'établissement.

Les défis rencontrés dans sa prise en charge comprenaient des retards préhospitaliers et intrahospitaliers, ainsi que l'indisponibilité de l'activateur tissulaire du plasminogène.

Il est nécessaire d'améliorer le système de prestation de soins de santé afin de réduire la morbidité associée à l'accident vasculaire cérébral ischémique aigu. **WAJM 2023; 40 (12): 1378 - 1382**

MOTS-CLÉS: Ischémique, AVC, thrombolyse, tissu, plasminogène, thrombectomie.

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Abbreviations: AV: Atrioventricular