

ABSTRACTS**C0032 Stroke CT perfusion: 4 years experience in a specialised single center**

Jose Andres Guirola Ortiz¹, Victoria Mayoral Campos¹, Patricia Menal Muñoz², Noelia Padron Rodríguez², Cristina Pérez Lázaro², Rafael Lasierra Díaz², María José Gimeno Peribáñez³

¹Hospital Clínico Universitario Lozano Blesa, Radiodiagnóstico. Zaragoza, Spain, ²Hospital Clínico Universitario Lozano Blesa. Zaragoza, Spain, ³Hospital Clínico Universitario Lozano Blesa, Neurorradiología. Zaragoza, Spain
Introduction/Objectives: Determine the responsiveness of the radiology department related to the usage of computed tomography perfusion (CT-P) in the management of the stroke protocol implemented in our single specialized center.

Materials and Methods: Retrospective study analysis in patients diagnose with stroke, using CT-P for the management of hyperacute and acute cerebral stroke. Patients electronically medical records, Picture Archiving and Communication System (PACS) and the radiological reports were used to search the variables analyzed.

We analyzed the lapse time between the beginning of the symptoms of cerebral stroke, the activation of the stroke protocol and the arrival to the emergency room, the performing of CT-P and the administration of endovenous fibrinolytic (rTPA).

Results: A total of 105 cases were obtained from July 2012 through April of 2015. A mean age of 69,62 ± 13,94 years; 48, 70% male and 51,3% women.

Time intervals:

Beginning of the symptoms	- arrival emergency room, mean 2:12:36 hrs. - CT-P, mean 03:19:39 hrs. - rTPA, 3:43:43 hrs
arrival emergency room	- CT-P, mean 1:05:27 hrs. - rTPA, mean 1:53:38 hrs. - rTPA, mean 0:46:24 hrs.

In the 105 stroke cases a 48,7% presented penumbra areas and/or ischemic core, 49,57% didn't presented any radiological findings in CT-P, and 2% of the patients presented

a poor radiological technique or presented movement artifacts. a 24,35% patients presented a wake-up stroke or undetermined the beginning of the cerebral stroke symptoms.

Conclusions: Its necessary the collaboration between the emergency room, neurology department , radiology department and laboratory department for the proper and efficient management of the acute and hyperacute cerebral stroke protocol.

C0034 Evaluation of cranial computerized tomography after acute stroke endovascular treatment: tips and tricks for detection of complications

Amaya Iturrealde Gárriz¹, Enrique Marco de Lucas², Alexandra de Diego Diez², Javier Valentín de la calle Lorenzo², Paula Gallego Ferrero², Victor Fernández Lobo², Beatriz García Martínez²

¹Hospital Universitario Marqués de Valdecilla, Servicio de Radiodiagnóstico. Cantabria, Spain, ²Hospital Universitario Marqués de Valdecilla. Cantabria, Spain

Introduction/Objectives:

- To achieve a systematic approach to evaluate brain CT performed after endovascular treatment of acute stroke.
- To recognize the main CT findings of the subsequent complications, possible pitfalls and mimics.

Materials and Methods: Ischemic stroke is the third cause of death in developed countries. 80% of strokes are ischemic and are caused by clots coming from heart and proximal arteries.

Acute stroke endovascular treatment is becoming more and more important with the development of specialized Neurovascular units working 24/24 hours. More than 10% of the patients will have some type of complication after or during the procedure.

It is important to take into account that patients who benefit from this treatments have usually chronic diseases and high scores on the NIHSS rate which increases the possibility of complications.

Results: Stroke embolectomy can sometimes includes aggressive maneuvers and high doses of iodinated contrast to finally remove the clot.