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□ **Is CT perfusion helpful in the treatment allocation of patients with acute ischemic stroke? An expert opinion analysis**

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BACKGROUND. Intravenous tissue Plasminogen Activator (tPA) is the standard treatment for acute ischemic stroke within 4.5 hours of symptom onset. Neuroradiological selection is currently based upon Non-Contrast-enhanced cerebral CT (NCCT). Aim of our study was to verify, in an “expert-opinion setting”, the possible usefulness of CT Perfusion (CTP) in decision-making toward i.v. thrombolysis.

PATIENTS AND METHOD. One hundred and three consecutive patients with acute ischemic stroke who underwent NCCT and CTP were re-evaluated by an expert in cere-

brovascular disease, to verify if adding CTP information would have changed expert’s opinion.

RESULTS. After CTP, a definitive decision was made for 20 more patients, changing the proportion of patients candidate to i.v. tPA from 44% to 51%, and reducing uncertainty from 29% to 10%. CTP results were useful in milder stroke ($p = 0.01$).

CONCLUSIONS. In a “real world” setting, CT perfusion could be useful for clinical decision, in particular for milder stroke.

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