

Acute stroke management - review of latest AHA/ASA guideline changes and their impact on modern stroke doctrine

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What is new in Acute Stroke Treatment?

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Acute stroke management has evolved over the past two decades, giving solid chance of recovery for most severe stroke survivors. The key to this shift of paradigm was interventional approach in stroke treatment, along with technology evolvement, which led to recanalisation strategies and Stroke-Unit concept development.

The latest set of recommendations from American Heart Association/ American Stroke Association (AHA/ASA) confirmed efficacy of mechanical thrombectomy in extended time window, making more patients eligible for interventional treatment. Intravenous thrombolysis remains golden standard and should be administered if indicated, regardless of endovascular treatment plans. Several changes are done in sections regarding pre-hospital management, hospital stroke teams, as well as some supportive aspects of stroke treatment. Some of those were debated in stroke community, resulting in publishing correction shortly after AHA/ASA Guideline's release.

Telestroke gain spotlight like no before, enabling decentralization of stroke care system. Despite some points of controversy this version of AHA/ASA Guidelines continuous on broadening the spectrum of therapy for patients with acute ischemic stroke, enabling more patients to be eligible for critical procedures and interventions that could affect outcome. As with previous updates, new release is additionally changing the landscape of stroke treatment, in efforts of reaching the ultimate goal - to treat and beat stroke.

Key words: AHA/ASA Guideline, new recommendations, acute stroke treatment