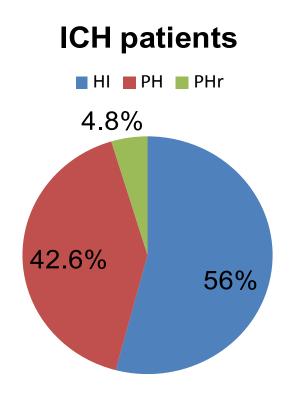
Haemorrhagic risk after Intravenous Thrombolysis for ischemic stroke in patients with Cerebral Microbleeds and White Matter Disease

Capuana M. L.¹, Pieroni A.², De Michele M.², Falcou A.², Zappia M.¹ and Toni Danilo.²

Objective. Aim of this study is to evaluate the correlation of cerebral microbleeds (CMBs) and white matter disease (WMD) with intracerebral hemorrhage (ICH) after intravenous thrombolysis (IVT) for ischemic stroke. We also evaluated, if CMB and WMD burden and localization correlate with severity of ICH or the presence of symptomatic ICH (sICH).

Material and methods. We enrolled acute ischemic stroke patients treated with IVT. Number and location of CMBs as well as severity of WMD, were rated. We divided patients in ICH subgroups: [hemorrhagic infarction (HI), parenchimal hemorrhage (PH), remote parenchimal hemorrhage (PHr)]. Multivariable regression analysis was used to determine the impact of CMB and WMD on ICH subgroups and outcome.

Results. 291 patients (183 M, 108 F) underwent brain MR before or 24 h after rtPA infusion and were included in the study. A total of 111 CMBs 42.6% were detected in 54 patients (18.5%). CMBs were lobar in



11.7% of patients and deep or infratentorial in 8.9% of them.

The number of CMBs ranged from 1 to 18 in individual patients.

ICH occurred in 82 (28.2%) patients, among which 22 (26.8%) had CMBs.

Multivariate regression analysis

Predictors of **HI**:

- → diagnosis of diabetes (P=0.018; odds) ratio [OR], 2.832; 95% confidence interval [CI], 1.194–6.719)
- \longrightarrow NIHSS > 7 (P=0.028; OR, 2.256; 95% CI, 1.092–4.662)

Predictors of **PH**:

- \rightarrow NIHSS > 7 (P=0.002; OR, 5.227; 95% CI, 1.821–15.004)
 - deep and infratentorial CMBs (P=0.007; OR, 4.575; 95% CI, 1.502– 13.932).

WMD is not significant correlated with HI and PH.

Conclusion: In our study ICH is not correlated with CMBs burden nor with WMD. Presence of deep CMBs, likely of hypertensive pathogenesis rather than related to cerebral amyloid angiopathy, seems to increase the risk of PH. CMBs cannot be considered a contraindication for thrombolytic therapy. Anyway, additional data trough prospective multicentric studies are needed to evaluate the safety of tPA in patients carrying numerous microbleeds.

	All (n= 291)	No ICH (n=209)	HI (n=46)	PH (n= 35)	PHr (n=4)
Age, y (mean±SD)	67.7±13.9	67.2±14.27	68.1±13.7	70.6±11.4	61.2±17
Vascular risk factors					
Hypertension (%)	62.5	63.6	56.5	65.7	50
Diabetes mellitus (%)	17.2	15.7	26.1*	14.3	0
Atrial fibrillation (%)	14.1	11	21.7	22.9	25
Current smoking (%)	23	23.9	19.6	21.9	25
Previous smoking (%)	15	16.2	15.9	15.2	0
Hypercholesterolemia (%)	31.3	33.9	28.3	20	25
Previous stroke within 3 months (%)	0.3	0.3	0	0	0
Previous stroke earlier than 3 months (%)	10.7	10.5	8.7	14.3	0
Previous diagnosis of TIA / amaurosis (%)	2.1	0	2.2	11.4**	25**
Congestive heart failure (%)	2.4	1.4	6.5*	2.9	0
Medication history					
Prior antiplatelet therapy (%)	23.7	23.9	30.4	14.2	0
Prior oral anticoagulation (%)	3.4	2.3	4.3	8.5	0
Baseline NIHSS score (mean±SD)	9.3±6.5	8±6.4	11.3±6.6*	14.8±6.4**	10±5.2
Baseline systolic blood pressure (mm/hg) (mean±SD)	145.3±23.3	146.2±23.6	143.8±23.6	141.5±21.6	125±22.9
Baseline glucose level (mg/dl) (mean±SD)	86±45.4	134.4±45.7	139.2±35	140.7±47.3	123.6±17.7

	All (n=291)	No ICH n=209)	HI (n=46)	PH (n= 35)	PHr (n=4)
Fazekas WMD rating scale					
0 (%)	39.9	37.3	50	42.9	50
1 (%)	40.2	43.5	32.6	28.6	25
2 (%)	16.5	17.2	8.7	22.9	25
3 (%)	3.4	1.9	8.7*	5.7	0
Stroke territory					
Anterior circulation (%)	82	80.8	80.4	91.4	75
Posterior circulation (%)	15.5	17.2	15.2	5.7	0
Both anterior and posterior (%)	2.4	1.9	4.3	0	25
Stroke localization					
Cortical (%)	20.3	27.7	4.3	0	0
Subcortical (%)	35.1	28.5	21.7	22.9	0
Cortico-subcortical (%)	44.7	32.5	73.9*	77.1**	100
Cortical Siderosis (%)	1.3	0	6.5**	0	0
CMB burden (n.)	111	56	14	41**	23**
CMB localization					
Lobar (%)	11.7	10.5	8.7	22.9*	75**
Deep and Infratentorial (%)	8.9	6.7	10.9	20**	0

	All (n= 291)	NoICH (n=209)	HI (n=46)	PH (n= 35)	PHr (n=4)
mRS 7 days (mean±SD)	2±1.8	1.56±1.8	2.7±2	3.6±1.6	4.2±0.9
mRS 3 months (mean±SD)	1.6±1.9	1.2±1.9	2.2±2.3	3.1±1.9	3.6±0.5**
sICH (n,%)	4 (1.4%)	0	0	4 (11.4%)**	2 (50%)**

* p < 0.05, ** p < 0.01

References:

SM Greenberg, MW Vernooij, C Cordonnier et al. Cerebral microbleeds: a guide to detection and interpretation. Lancet Neurol 2009; 8:165–74 S Dannenberg, JF Scheitz, M Rozanski, et al. Number of cerebral microbleeds and risk of intracerebral hemorrhage after intravenous thrombolysis. Stroke. 2014; 45:2900-5.

PP Gratz, M El-Koussy, K Hsieh et al. Preexisting cerebral microbleeds on susceptibility-weighted magnetic resonance imaging and post-thrombolysis bleeding risk in 392 patients. Stroke 2014; 45:1684-8.

¹Department GF Ingrassia, Section of Neurosciences, University of Catania, Catania

²Emergency Department Stroke Unit, Hospital Policlinico Umberto I, Dept. of Neurology and Psychiatry, 'Sapienza' University, Rome