

## **Luaran Tindakan Trombektomi Mekanik Pada Stroke Iskemik di RSUPN dr. Cipto Mangunkusumo 2017-2020 = Outcome of Mechanical Thrombectomy in Ischemic Stroke at RSUPN dr. Cipto Mangunkusumo 2017-2020**

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### **Abstrak**

Prosedur Trombektomi Mekanik (MT) pada stroke iskemik akut telah dilakukan sejak tahun 2017 di RSUPN Dr. Cipto Mngunkusumo. Tujuan dari penelitian ini adalah untuk menentukan ahli radiologi dan hasil klinis MT pada stroke iskemik akut dan faktor terkait lainnya. Studi observasional retrospektif memperoleh pasien telah menjalani MT pada Mei 2017-Desember 2020. Analisis univariat dan multivariat dilakukan untuk mengevaluasi hubungan antara demografi pasien, skor NIHSS pra trombektomi dan hasil seperti pasca trombektomi, skor mTICI pasca trombektomi, dan skor MRS pasca aksi. Dalam pemodelan multivariat  $p < 0,05$  digunakan untuk signifikansi statistik. Sebanyak 33 pasien dimasukkan. Pada analisis univariat demografi dan gambaran klinis didominasi oleh laki-laki, dengan rata-rata usia 55,8 tahun, GCS pra tindakan 11,9 hemiparesis, pra tindakan NIHSS 14,52, skor ASPECT 7,36, lokasi oklusi MCA, pemberian alteplase, MRS (90-day modified ranking scale: 3 sampai 6), onset rekanalisasi > 6 jam, MTICI post thrombectomy 2B-3 SICH, dan 39,4% meninggal dunia. Hubungan yang signifikan antara keberhasilan rekanalisasi dan mortalitas, dan waktu onset ke rekanalisasi secara rumit. Trombektomi mekanik di RSUPN Dr. Cipto Mangunkusumo selama 2 tahun terakhir masih memberikan hasil luaran yang buruk.

.....The Procedure of Mechanical Trombectomy (MT) in acute ischemic stroke has been done since 2017 in RSUPN Dr. Cipto Mngunkusumo. The aim of this study are to detemining radiologist and clinical outcome MT in the acute ischemic stroke and the other related factors. The retrospective observational study acquiring patient's had undergone MT in May 2017-December 2020. Univariate and multivariate analysis were conducted to evaluate the relationship between patient's demography, NIHSS score pre trombectomy and the outcomes such as post trombectomy, mTICI score post trombectomy, and MRS score post action. In multivariate modelling  $p < 0.05$  was used for statistical significance. A total of 33 patients were included. On univariate analysis demography and clinical description were dominated by men, with 55.8 years age average, GCS pre action 11,9 hemiparesis, NIHSS pre action 14.52, ASPECT score 7.36, MCA occlusion location, given alteplase, MRS (90-day modified rank of scale: 3 to 6), onset to recanalization > 6 hours, MTICI post thrombectomy 2B-3 SICH, and 39.4% passed away. The significance association between recanalization success and mortality, and onset-to-recanalisation time complicationally. Mechanical thrombectomy in RSUPN Dr. Cipto Mangunkusumo for in the recent past 2 year still giving the poor outcomes result.