

The DRAGON [score](#), which includes clinical and computed tomographic (CT) scan parameters, predicts functional outcomes in ischemic stroke patients treated with intravenous tissue plasminogen activator (IV tPA). We assessed the utility of the DRAGON score in predicting functional outcome in stroke patients receiving both IV tPA and endovascular therapy.

A retrospective chart review of patients treated at our institution from February 2009 to October 2015 was conducted. All patients with computed tomography angiography (CTA) proven large vessel occlusions (LVO) who underwent intravenous thrombolysis and endovascular therapy were included. Baseline DRAGON scores and modified Rankin Score (mRS) at the time of hospital discharge was calculated. Good outcome was defined as mRS ≤ 3 .

Fifty-eight patients with LVO of the anterior circulation were studied. The mean DRAGON score of patients on admission was 5.3 (range, 3-8). All patients received IV tPA and endovascular therapy. Multivariate analysis demonstrated that DRAGON scores ≥ 7 was associated with higher mRS ($P < 0.006$) and higher mortality ($P < 0.0001$) compared with DRAGON scores ≤ 6 . Patients with DRAGON scores of 7 and 8 on admission had a mortality rate of 3.8% and 40%, respectively.

The DRAGON score can help predict better functional outcomes in ischemic stroke patients receiving both IV tPA and endovascular therapy. This data supports the use of the DRAGON score in selecting patients who could potentially benefit from more invasive therapies such as endovascular treatment. Larger prospective studies are warranted to further validate these results ¹⁾.

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Wang A, Pednekar N, Lehrer R, Todo A, Sahni R, Marks S, Stiefel MF. DRAGON score predicts functional outcomes in acute ischemic stroke patients receiving both intravenous tissue plasminogen activator and endovascular therapy. Surg Neurol Int. 2017 Jul 18;8:149. doi: 10.4103/2152-7806.210993. eCollection 2017. PubMed PMID: 28791192; PubMed Central PMCID: PMC5525460.

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