Intravenous Recombinant human tissue plasminogen activator

Indications for intravenous (IV) thrombolysis with tPA

The use of IV tPA has decreased due to superior results of mechanical clot removal in situations when it is available. When IV tPA is employed, the following information is provided.

Inclusion criteria:

● diagnosis of ischemic stroke causing measurable neurological deficit

● onset of symptoms ≤ 3 hrs before treatment begins (up to 4.5 hrs is supported by data with slightly lower level of evidence)

● age ≥ 18 years

In patients receiving 0.6 mg/kg alteplase, the outcome and the incidence of sICH were comparable to published data for 0.9 mg/kg. These findings indicate that alteplase, when administered at 0.6 mg/kg to Japanese patients, might offer a clinical efficacy and safety that are compatible with data reported in North America and the European Union for a 0.9 mg/kg dose [1)]. see Intravenous recombinant human tissue plasminogen activator for ischemic stroke treatment

1)

Yamaguchi T, Mori E, Minematsu K, Nakagawara J, Hashi K, Saito I, Shinohara Y; Japan Alteplase Clinical Trial (J-ACT) Group. Alteplase at 0.6 mg/kg for acute ischemic stroke within 3 hours of onset: Japan Alteplase Clinical Trial (J-ACT). Stroke. 2006 Jul;37(7):1810-5. Epub 2006 Jun 8. PubMed PMID: 16763187.