

Stroke Unit

Evidence exists that clinical outcomes improve for stroke patients admitted to specialized Stroke Units.

According to current [Aneurysmal Subarachnoid Hemorrhage Guidelines](#) (aSAH) [patients](#) are mostly managed in [intensive care units](#) (ICU) regardless of baseline severity. Llull et al. from a Comprehensive [Stroke Center](#) in [Barcelona](#) assessed the prognostic and economic implications of initial admission of low-grade aSAH patients into a Stroke Unit (SU) compared to initial ICU admission.

They reviewed [prospectively](#) registered data from consecutive aSAH patients with a WFNS grade lower than 3 admitted at a Comprehensive Stroke Center between April-2013 and September-2018. Clinical and radiological baseline traits, in-hospital complications, length of [hospital stay](#) (LOS) and poor outcome at 90 days ([modified Rankin Scale](#) >2) were compared between the ICU and SU groups in the whole population and in a propensity score matched cohort.

From 131 patients, 74 (56%) were initially admitted in the ICU and 57 (44%) in the SU. In-hospital complication rates were similar in the ICU and SU groups and included rebleeding (10% vs 7%, $p=0.757$), angiographic vasospasm (61% vs 60%, $p=0.893$), delayed cerebral ischemia (12% vs 12%, $p=0.984$), pneumonia (6% vs 4%, $p=0.697$) and death (10% vs 5%, $p=0.512$). LOS did not differ across both groups [median (IQR) 22 (16-30) vs 19 (14-26) days, $p=0.160$]. In adjusted multivariate models, the location of initial admission was not associated with long-term poor outcome either in the whole population (OR=1.16, 95%CI=0.32-4.19, $p=0.825$) or in the matched cohort (OR=0.98, 95%CI=0.24-4.06, $p=0.974$).

A dedicated SU cared by a multidisciplinary team might be an optimal alternative to ICU to initially admit patients with low-risk aSAH ¹⁾.

¹⁾

Llull L, Mayà G, Torné R, Mellado R, Renú A, López-Rueda A, Laredo C, Culebras D, Ferrando C, Blasco J, Amaro S, Chamorro Á. Stroke Units could be a valid alternative to Intensive Care Units for low-grade aneurysmal subarachnoid haemorrhage patients. Eur J Neurol. 2020 Sep 22. doi: 10.1111/ene.14548. Epub ahead of print. PMID: 32961609.

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