



LECTURE

ESOC 2018 Highlights

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Abstract

As in previous conferences, ESOC 2018 was full of interesting lectures on topics covering the whole spectrum of stroke care. This presentation will address the most common important highlights from this amazing scientific meeting.

One of the most relevant novelties was the “Stroke Action Plan for Europe” (2018-2030) which consists of a collaborative initiative between the principal professional and patient organisations in order to establish goals for stroke care over the next decade.

For three days, the front line results of major clinical trials were presented. The POINT trial showed that clopidogrel-aspirin combination (90 days) soon after minor stroke or TIA reduced the risk of ischaemic stroke (IS) at the cost of a smaller increase in the risk of major haemorrhage, compared to aspirin. The Wake Up study concluded that in patients with stroke of unknown symptom onset and an MRI scan showing limited established infarct, intravenous thrombolysis resulted

in a similar functional outcome to patients treated within the 4.5 hour treatment window. On the other hand, CROMIS-2 showed that the identification of cerebral microbleeds on an MRI predicts an increased risk of symptomatic intracranial haemorrhage in patients on oral anticoagulation for atrial fibrillation after recent IS or TIA, but the absolute risk of haemorrhage was still inferior to the risk of recurrent IS. Considering rehabilitation after stroke, the results were controversial: Stroke 123 found that targeted interventions resulted in a significant improvement in delivery of stroke care in Australia but the EXTRAS trial showed no functional benefit from an extended rehabilitation service in the UK.

Lastly, we will also focus on the ESO guidelines session that brought together experts who reinforced the recommendation of offering mechanical thrombectomy and best medical therapy in acute IS patients with large artery occlusion presenting within 6 hours, including those over age 80.

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