

Thrombolytic service of acute ischaemic stroke in Hong Kong

To the Editor—A comprehensive article about thrombolytic services for acute ischaemic stroke in Hong Kong from a non-neurologist's perspective is of interest.¹

Since 2004, we have had a 9-to-5 combined intravenous and intra-arterial thrombolytic therapy service in Tuen Mun Hospital. Our efficacy and safety data (presented in local meetings) were comparable to overseas experience. About 50% of our eligible patients were encountered outside office hours, but less than 10% (international standard) received thrombolysis, as cited by Tang¹ from unpublished data.

Whilst the ambulance service is increasingly aware of this form of therapy, the main hindrance to the onset-to-door time is a lack of patient awareness of stroke symptoms. To overcome this problem, we must be ready for increased rates of non-stroke attendances in accident and emergency, and admission of patients with stroke-mimicking conditions to acute stroke units.

Intra-arterial thrombolytic therapy is espoused

to attain better recanalisation and over a longer time window (6 hours), possibly facilitating treatment for wake-up strokes. Thus, a neurologist on overnight call might be able to facilitate such therapy for many more patients.

Finally, a telestroke system for a place like Hong Kong with relatively efficient traffic management appears not convincing and less cost-effective than a 24-hour cluster (or territory-wide) stand-by neurologist for stroke thrombolysis.

Resource holders should appreciate the 'Time is Brain' mantra of neurologists, especially in view of our increasingly ageing stroke-prone population, and act swiftly and sufficiently.

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Reference

1. Tang M. Strategies to consider: telestroke and 24-hour primary stroke centres. *Hong Kong Med J* 2012;18:76-8.

Answers to CME Programme

Hong Kong Medical Journal February 2012 issue

Hong Kong Med J 2012;18:25–9

I. Uses and abuses of paediatric electroencephalography

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|---|----------|----------|----------|----------|----------|
| A | 1. False | 2. False | 3. True | 4. False | 5. True |
| B | 1. False | 2. True | 3. False | 4. False | 5. False |

Hong Kong Med J 2012;18:56–9

II. Rehabilitation in older people: know more gain more

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|---|----------|----------|----------|----------|----------|
| A | 1. True | 2. False | 3. True | 4. False | 5. False |
| B | 1. False | 2. True | 3. False | 4. True | 5. True |
| C | 1. False | 2. True | 3. False | 4. True | 5. False |