



24. THE ROLE OF PREDICTIVE FACTORS OF HEMORRHAGIC TRANSFORMATION IN PATIENTS WITH ISCHEMIC STROKE UNDERGOING INTRAVENOUS THROMBOLYSIS

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Introduction. Intravenous thrombolysis (IT) is the standard intervention for patients with ischemic stroke that demonstrates a significant rate of reduction in mortality and disability. Hemorrhagic transformation (HT) after IT is the most common and life-threatening complication and can manifest itself from small hemorrhagic petechiae to massive hematomas.

Aim of study. The purpose of the review is to identify the role of predictive factors of HT on the character of the complication from harmless to devastating.

Methods and materials. This review includes clinical articles from the last 5 years from the Google Scholar, NCBI and PubMed databases.

Results. A multitude of factors influence the occurrence as well as the negative character of HT. A blood glucose > 8.32 mmol/l triples the risk of HT, and a value at admission > 11.11 mmol/l and an HbA1c $> 6.5\%$ increase the risk of symptomatic HT. Fibrinogen < 1.5 g/l shows a severe impact on HT and hematoma evolution. An initial NIHSS score < 10 has been reported to produce $< 3\%$ of HT, an NIHSS > 20 - a risk $> 5\%$ and it increases by 1.35 times for every 1 point over. Revascularization time delay of more than 180 minutes was associated with eventual HT. Male gender increases the risk 2.7 times, while blood pressure values > 180 mmHg - 2.4 times and 1.03 times for every 1 mmHg above the limit. Values above the norm of ALT with every 1 U/l increases the risk of HT by 1.05 times.

Conclusion. Knowing and correcting the risk factors allows not only the primary prevention of stroke, but also increases the stroke success rate of IT and reduce HT risk. The patient's awareness of the risk factors can improve the primary prophylaxis of HT.