

**NEURO-ENDOVASCULAR SERVICE IN THE UNIVERSITY OF HONG KONG
SHENZHEN HOSPITAL**

JF Cai¹, WS Ho^{2,3}, G Leung^{2,3}, SL Ho⁴

¹Medicine, HKU-Shenzhen Hospital, Shenzhen, China

²Surgery, HKU-Shenzhen Hospital, Shenzhen, China

³Surgery, The University of Hong Kong, Hong Kong

⁴Medicine, The University of Hong Kong, Hong Kong

BACKGROUND: The University Hong Kong Shenzhen Hospital (HKU-SZH) is a newly established hospital and its neuroscience unit is affiliated with Queen Mary Hospital in Hong Kong. Its establishment in 2012 was part of a pilot scheme in healthcare reform in Mainland China. Acute stroke is an emerging healthcare burden in the aging population in China. In the management of acute stroke, endovascular intervention plays an important role; in particular for acute ischemic stroke in view of the number of studies published in 2014 showing the benefit of mechanical thrombectomy.

AIM OF STUDY: To review the development of clinical service for acute stroke in HKU-SZH that is modeled after the QMH stroke service. In QMH we emphasize the importance of cross specialty cooperation and continuous refinement of the stroke pathway.

METHODS: This is a retrospective review of patients admitted to HKU-SZH suffering from acute stroke from November 2013 to October 2015. We looked at patients with subarachnoid hemorrhage from ruptured aneurysm, acute ischemic stroke treated with IV rTPA and mechanical thrombectomy. Outcome of these patients were assessed using the modified Rankin Score.

RESULTS: During the study period, 495 patients with acute were admitted to our hospital. 381 were suffering from acute ischemic stroke; of these 21 (5.5%) patients received IV rt-PA treatment, and 1 patient received IA mechanical thrombectomy after rt-PA treatment with good clinical outcome(mRS 1 at 90 days after stroke). 13 patients were admitted for subarachnoid hemorrhage from ruptured cerebral aneurysms, which were treated by endovascular coiling; 1 patient died of uncontrolled cerebral edema.

CONCLUSION: An acute stroke service modeled after the QMH or HK system is feasible in the Mainland. Timely intervention can be achieved with multi-disciplinary input and commitment. This new service provision model has the potential to improve the care of acute stroke patients in China.