

**Table:** Data of Patients Who Received Door to Needle Treatment with Thombolysis (Alteplase) in Zainoel Abidin Public Hospital Banda Aceh, Indonesia

No	Gender	Age (years)	Weight (kg)	Onset (hours)	Brain CT Scan	Clinical Sign	INR	Thrombocyte (mcL)	NIHSS	Door to Needle (minutes)	Alteplase (mg)	NIHSS after 24 hours
1	Male	57	60	3	Cerebral infarct in basal ganglia	Hemiparesis	1.7	270.000	7	23	54	3
2	Male	47	60	2	Cerebral infarct in basal ganglia	Hemiparesis	0.9	252.000	7	25	54	4
3	Female	53	55	1.5	Cerebral infarct in basal ganglia	Hemiparesis	1.2	293.000	9	22	50	2
4	Male	35	65	1	Cerebral infarct in corona radiata	Hemiparesis	0.9	293.000	8	22	58.50	1
5	Male	58	70	2.5	Normal	Hemiparesis	1.08	283.000	6	22	63	1

The aim of this study was to reduce the door-to-needle (treatment) time to less than 25 minutes. To achieve this aim, we optimised our door-to-needle protocol at our Hospital.

Firstly, we prepared the *Kit Code Stroke* alert for patient who would enrol in the thrombolysis (alteplase) treatment. Secondly, we make a standardisation of thrombolysis therapy, such as the door-to-needle time standard, Code Stroke alert and standardize protocol for neurologists, neurology residents and nurses in the ER. Lastly, we also eliminate unnecessary movement of patients using stroke bag. Patients were also given stroke stamp to identify their medical records as a priority which can be identified as such by the personnel in CT room and laboratories.

Target to achieve a door-to-needle time less than 25 minutes must be achieved for at least 50% of acute ischemic stroke patients. We collected data from patients admitted in ER from January 2019 to April 2019. We collected five cases of acute ischemic stroke. Of the five patients we reported, the time of door to needle time required is 22–25 minutes. All of these patients have achieved an outstanding clinical outcome.

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**Poster Session 1**

**The effect of primary combined approach of an aspiration catheter and stent-retriever compared with single device use**

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### Background and purpose

Neurothrombectomy has become the standard treatment of acute ischemic stroke due to large vessel occlusion. ASTER trial recently showed that there were no significant differences between contact aspiration and stent-retriever groups for the clinical efficacy outcomes. The purpose of this study is to compare radiological outcomes and time metrics between single device group and combined approach group.

### Methods

In this retrospective analysis, we analyzed the data of 54 patients with large vessel occlusion, treated from Sep 2014 to Dec 2018. The treatment techniques were divided into two groups: first-pass use of a large-bore aspiration-catheter or a stent-retriever and primary combined approach of an aspiration catheter and stent-retriever.

### Results

There was no difference in successful reperfusion rates with 75% in the single device group and 86.7% in the combined approach group (p value=0.16). However, nearly or complete reperfusion was more frequently achieved in the combined approach group (63.3% vs. 29.2%, p value=0.016). Procedure time was significantly different with 52.8 min in the combined approach group and 72.7 min in the single device group (p value=0.02).

### Conclusions

Our data showed that combined approach of an aspiration catheter and stent-retriever could be more effective for nearly or complete reperfusion of large vessel occlusion in acute ischemic stroke with shorter procedure time. The results should be confirmed in larger prospective randomized trial.

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**Poster Session 1**

**Illness perception in patients with lymphoproliferative diseases**

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### Introduction

Survival of patients with lymphoproliferative diseases increases. For effective treatment we should pay attention to a subjective understanding of the patients' perception of the disease, which depends on the personality characteristics, emotional experiences and expectations of treatment.

## Methods

We used The Brief Illness Perception Questionnaire (BIPQ) for assess the illness perception in patients with chronic lymphocytic leukemia (CLL) and multiple myeloma (MM).

## Results

We included 94 patients with a diagnosis of lymphoproliferative disease (chronic lymphocytic leukemia - 42 people, multiple myeloma - 52) into this study: 55 (58.51%) men and 39 (41/49%) women. The average age of patients was  $63,37 \pm 9,96$  years. The mean scores of the points of the BIPQ were as follows: Consequences -  $7,28 \pm 2, 88$  ; Timeline -  $7,52 \pm 2,99$ ; Personal control -  $6,79 \pm 3,12$ ; Treatment control -  $7,64 \pm 2,40$ ; Identity -  $7,54 \pm 2,87$ ; Concern -  $7,45 \pm 2, 82$  ; Understanding -  $7,29 \pm 2,81$ ; Emotional response -  $6,1 \pm 3, 26$ . The results of all components of the questionnaire in patients with lymphoproliferative diseases were higher compared with breast cancer, diabetes, asthma patients. Illness perception according to the BIPQ was similar to those of patients with non-psychotic depressions. Overall threat level of the disease was high ( $57, 5 \pm 11, 99$ ). The most frequent causes of the disease according to the patients perception were: stress, work with harmful production, ecology, genetics.

## Conclusion

Patients with lymphoproliferative diseases showed high scores on BIPQ, this is probably due to the presence of depression in patients and requires further study.

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### Poster Session 1

#### Correlation between warfarin control and daily vitamin K intake: The difference among VKORC1 genotype

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#### Background and purpose

The restriction of vitamin K (VK) intake is essential for patients with warfarin anticoagulation. However, the ideal daily intake of VK for each patients were not established. In this study we evaluated the correlation between warfarin control and VK intake from the perspective of the VKORC1 genotype.

#### Subjects and methods

We enrolled 84 patients taking warfarin more than one year. The serum VK concentration and VKORC1 genotype were evaluated with informed consent, and the original questionnaire about daily food menu was contrived to estimate the VK intake.

## Results

The VKORC1 genotype AA and AG were found in 81% and 19% respectively. None of patients had GG. All patients with AG took daily VK less than 250µg and daily VK intake among AA patients distributed in wide range (50-600µg). Both VK concentration and warfarin dosage in patients with AG were significantly higher than those with AA. Whereas there existed a significant correlation between VK concentration and total VK intake in patients with AG, there was no correlation in patients with AA. Also, we found a significant correlation between VK intake and warfarin dosage in patients with AG, no correlation was found in patients with AA. In spite of these results, the difference of average TTR in both genotypes was not significant.

## Conclusion

The influence of daily VK intake for warfarin treatment was recognized only among patients with VKORC1 AG genotype. For patients with AG, the daily intake of VK up to 250µg is acceptable, furthermore, a strict restriction of VK may not need among those with AA.

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### Poster Session 1

#### Risk factors of post stroke pain

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#### Background and objective

Post stroke pain (PSP) had developed as the main consequence after stroke. Early identification in high risks patients made easier to predict PSP based on prognostic profile. The aim of this study to analyse the risk factors of PSP.

#### Method

Case control study was performed in 110 post stroke patients, who were fulfilling inclusion and exclusion criterias, that came to neurology outpatient clinic of Dr. Soetomo General Hospital, from January-February 2019. Nine variables of risk factors (age, gender, stroke duration, stroke type, stroke location, motoric strength, functional disability, depression, and smoking) were analyzed bivariate followed by multivariate. It were determined the significant variables in PSP.

#### Result

Three of nine variables in bivariate analysis showed  $p < 0,25$ , and were followed by multivariate analysis; they were gender, stroke duration, and depression. Regresion logistic analysis was performed by backward stepwise method. A woman compared to a man had an adjusted Odds ratio (OR) 5.6 in a risk of post stroke pain ( $p = 0,03$ ; 95%CI 1.12-5.81). Patients with post stroke duration were three months or more had higher risk to get PSP than whom the duration