Mechanical Thrombectomy for Acute Ischemic Stroke Patients in Egypt

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To the Editor

I am writing to give an idea about mechanical thrombectomy for acute ischemic stroke patients in Egypt. I will comment on how often this treatment being done, the protocol of doing it, obstacles made us not to do such important therapy for our patients. Egypt is a developing country with more than one hundred population. We have a high rate of ischemic stroke in Egypt due to a lack of regular follow up and irregular, ineffective treatment of vascular risk factors like hypertension, diabetes, obesity, hypercholesterolemia, and many others.

Unfortunately, we cannot use mechanical thrombectomy for most of our ischemic stroke patients, due to many factors. Most of the mechanical thrombectomy procedures are done in private hospitals and few are done in university hospitals, those procedures mostly are done incidentally with no governmental system or protocol due to lack of public project for such an important pathology.

The protocol used for such procedure is individually based, some physicians use CT brain, CT perfusion, MRI brain with or without perfusion study, also the time and indications to do mechanical thrombectomy is not always clear because it is individually based. The obstacles that make it difficult are many, the most important one is lacking a governmentally supported public health project regarding the mechanical thrombectomy for acute ischemic stroke patients, lack of financial support is another big problem, that is why most of the procedures are done in private hospitals, not in public hospitals.

Lack of public health education regarding the problem and its treatment is a very important issue to consider, most of the populations know nothing about mechanical thrombectomy in cerebral ischemic stroke, not only the non medical persons, but also the medical persons including physicians and paramedics, even some neurologists, that is why many patients have delay before presentation because they don’t know that the time is very crucial for the treatment, our media don’t care about such issues.

Lack of facilities needed to prepare and to do the procedure is another important problem but only for the periphery, in the big cities the imaging machines are many, and the catheter lab is present, sometimes more than one cath lab is present in the same hospital.

The procedures for acute cardiac ischemia are done every day everywhere in Egypt, so why mechanical thrombectomy is not the same, ischemic stroke rate is high and carries high mortality as well as cardiac ischemia. In addition, ischemic stroke has more morbidity and disability than cardiac ischemia and this constitutes a big burden for the economy and progress in Egypt. I think that the solutions for such obstacles are to have a public health project supported by the government, that can make protocols, provides public health education, provides facilities, gives training and accreditation for physicians incriminated in diagnosis, preparing the patients and doing the procedures, also this project should follow up the results regularly to assess the progress and correct the mistakes.