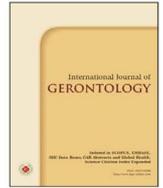




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Editorial Comment

The Importance of Early Detection of Acute Large-Vessel Occlusion Stroke

The therapeutic time window of acute cerebral infarction was significantly extended in recent years. In 1995, intravenous thrombolysis by Alteplase (rt-PA) can be used within 3 hours of stroke onset.¹ In 2015, intra-arterial mechanical thrombectomy became the standard treatment of large vessel occlusion (LVO) stroke within 6–8 hours of onset.² In 2018, RAPID artificial intelligence framework helps to quantify brain lesions and extend the window of potential stroke intervention up to 24 hours.^{3,4} With the extended stroke therapeutic time window, the caseload needing emergent evaluation and thrombectomy also increased. Adequate transfer select stroke patients with LVO to suitable tertiary hospital and stroke center is very important for general physician and local hospital. Easily practical examination to identify LVO stroke is the key point for thrombectomy. The gaze-face-arm-speech-time test (G-FAST) score is a reliable tool. However, a training program was needed for emergency medical technicians (EMTs) and general physician to learn how to calculate G-FAST score.⁵ In our view, Glasgow Coma Scale (GCS) evaluation is the daily practice and a reliable method for the initial evaluation. It showed fair sensitivity (94%) and specificity (90%) in predicting LVO stroke.⁶

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