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Background Hemorrhagic transformation (HT) is a complication of stroke [1] that can occur spontaneously or after treatment. We aimed to assess the interrater and intrarater reliability of HT diagnosis.

Methods Studies assessing the reliability of the European Cooperative Acute Stroke Study (ECASS) classification [2] of HT or of the presence (yes/no) of HT were systematically reviewed. Eighteen raters independently examined 30 post-thrombectomy [3] computed tomography scans selected from the Aspiration versus Stentriever (ASTER) trial [4]. They were asked whether there was HT (yes/no), what the ECASS classification of the particular scan (0/HI1/HI2/PH1/PH2) was, and whether they would prescribe an antiplatelet agent if it was otherwise indicated. Agreement [5] was measured with Fleiss' and Cohen's kappa statistics.

Results The systematic review yielded 4 studies involving few (≤ 3) raters with heterogeneous results. In our 18-rater study, agreement for the presence of HT was moderate ($\kappa=0.55$, 95%CI [0.41–0.68]). Agreement for ECASS classification was only fair for all 5 categories, but agreement improved to substantial ($\kappa=0.72$, 95%CI [0.69–0.75]) after dichotomizing ECASS into 0/HI1/HI2/PH1 versus PH2. The interrater agreement for the decision to reintroduce antiplatelet therapy was moderate for all raters, but substantial among vascular neurologists ($\kappa=0.70$ [0.57–0.84]).

Conclusion The ECASS classification may involve too many categories and the diagnosis of HT may not be easily replicable, except in the presence of a large parenchymal hematoma.

Clinical Trial Registration URL: <http://www.clinicaltrials.gov> Unique identifier: NCT02523261.

Disclosure of interest The authors declare that they have no competing interest.

Références

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Stroke de l'enfant, que faire et comment faire ?

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La prise en charge du stroke commence à être bien codifiée chez l'adulte car de nombreuses études ont validées la technique de thrombectomie et il est maintenant admis que la rapidité de la prise en charge est un facteur déterminant pour le pronostic du patient. Le stroke chez l'enfant, surtout dans la petite enfance peut souffrir d'un important retard diagnostique et de l'appréhension des techniques médicamenteuses et ou mécaniques par les équipes neurovasculaires.

Savoir comment faire sans aggraver l'état clinique peut être sujet à discussion.

À partir d'observations recueillies dans le service et de notre expérience, nous dresserons les indications retenues de la thrombolyse par voie veineuse, les techniques possibles de thrombectomie et les étiologies responsables de ce genre de pathologie.

Nous reverrons aussi les données récentes de la littérature dans ce domaine ainsi que les registres en cours.

Déclaration de liens d'intérêts Les auteurs déclarent ne pas avoir de liens d'intérêts.

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Mutation ephb4 responsable de malformation anévrysmale de la veine de Galien

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