Authors’ Reply

Sir,

In our experience, we have excluded all such patients who were on heparin/oral anticoagulants or with known liver/kidney or coagulation disorders. We agree that coagulation studies will be of very great importance in a selected group of patients who would be at enhanced risk for hemorrhage with thrombolysis.

In the five patients who had asymptomatic hemorrhagic transformation, there were no deranged PT/aPTT studies.

The cost of rTPA was subsidized for patients at AIIMS to a certain extent. Moreover, there are no additional charges such as fees for the physician etc. The costs of investigations such as CT scan for the brain is also subsidized at AIIMS. So the overall package may be much more affordable as compared to a private hospital.
However, it would still be out of reach for most. Some of the patients also had medical insurance.

We agree that the two main barriers in effective utilization of thrombolysis are the cost of the drug and the delayed presentation. However, besides these two, the selection criteria of the patients are also extremely stringent to make it safe. We cannot thrombolyze every patient with ischemic stroke even if they present in time and can afford the drug. We also need “safer” and more “effective” reperfusion strategies.

We fully agree with the concept that primary and secondary prevention strategies remain the cornerstone for effectively reducing the stroke burden.


Department of Neurology, All India Institute of Medical Sciences, New Delhi - 110029, India.
E-mail: vasanthapadma123@rediffmail.com

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