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HASIL PENILAIAN SEJAWAT SEBIDANG ATAU PEER REVIEW
KARYA ILMIAH : JURNAL

Judul Jurnal : Clinical features of transient ischemic attack or ischemic stroke patients at high recurrence risk in Indonesia

Penulis Artikel Ilmiah : 18 orang

Status Pengusul : M Akbar, J Misbach, FSusatia, ARasyid, A Yasmar Alfa, TSyamsudin, EKustiowati, MInggrid Tjahjadi, M Hasnawi Haddani, T Suwirno Zakaria, Suratno, LAmalia, A Basuki Prima Birawa, D Tugasworo, I Setyopranoto, ERaharjo, T Eko Purwata, O Adnyana I Made

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Prof. Dr. dr Tri Nur Kristina, DMM, M.Kes.

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HASIL PENILAIAN SEJAWAT SEBIDANG ATAU PEER REVIEW
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Judul Jurnal : Clinical features of transient ischemic attack or ischemic stroke patients at high recurrence risk in Indonesia

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Status Pengusul : M Akbar, J Misbach, FSusatia, ARasyid, A Yasmar Alfa, TSyamsudin, EKustiowati, Minggrid Tjahjadi, M Hasnawi Haddani, T Suwirno Zakaria, Suratno, LAmalia, A Basuki Prima Birawa, D Tugaworo, I Setyopranoto, ERaharjo, T Eko Purwata, O Adnyana I Made

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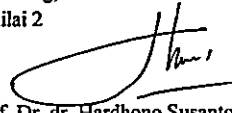
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Semarang, 3 Desember 2021

Penilai 2



Prof. Dr. dr. Hardhono Susanto, PAK

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Neurology Asia (ISSN 1823-6138), previously known as Neurological Journal of South East Asia (ISSN 1394-780X), is the official journal of the [ASEAN Neurological Association \(ASNA\)](#), [Asian & Oceanian Association of Neurology \(AOAN\)](#), and the Asian & Oceanian Child Neurology Association. The primary purpose is to publish the results of study and research in neurology, with emphasis to neurological diseases occurring primarily in Asia, aspects of the diseases peculiar to Asia, and practices of neurology in Asia (Asian neurology).

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 [Recovery of an injured dentato-rubro-thalamic tract in a patient with traumatic brain injury \[2018\] - 705KB](#)


by Sung Ho Jang, Hyeok Gyu Kwon

Several studies have reported on injury of the dentato-rubro-thalamic tract (DRTT) in patients with various brain pathologies. However, no study on recovery of an injured DRTT has been reported so far. We report on a patient who showed recovery of an injured DRTT during a period of approximately 4 years following traumatic brain injury (TBI), which was demonstrated by follow-up diffusion tensor tractography (DTT). A 24-year-old male patient suffered a car accident. The patient lost consciousness for approximately 4 months. At the beginning of rehabilitation, the patient showed mild quadriparesis, severe resting and intentional tremor on four extremities and severe truncal ataxia. He was not able to sit independently. With rehabilitation, he showed continuous improvement, and was able to walk independently at 45 months after onset of injury. On 5-month DTT, DRTTs in both hemispheres were not reconstructed. In contrast, on 13-month DTT, the lower portion of the left DRTT was reconstructed, although the right DRTT was still not reconstructed. On 32-month DTT, the whole left DRTT was reconstructed, however, only the lower portion of the right DRTT was reconstructed. Finally, both DRTTs were reconstructed on 45-month DTT. Conclusions: Recovery of an injured DRTT was demonstrated in a patient with TBI, using DTT. We believe that evaluation of the DRTT using DTT may be helpful to monitor the progress of rehabilitation in patients with movement symptoms following TBI.

 [Pusher syndrome improved by secondary newly developed stroke \[2018\] - 399KB](#)

by Keun Lee, Yong Hun Pee, Il-Tae Jang, Kwang Lae Lee

Pusher syndrome is a neurological disorder where the patient actively pushes away from the non-hemiparetic side following brain damage. We experienced a case in whom intractable pusher syndrome associated with thalamic hemorrhage improved following a newly developed pontine infarction. A 63-year-old man showed severe pusher syndrome after an initial thalamic hemorrhage. After approximately 2 years, a pontine infarction developed and improved the persistent pusher syndrome. We postulate that it resulted from involvement of the medial lemniscus with interruption of the distorted upward proprioceptive signal of body orientation.

 [Transient paralysis by loculation of the injectant associated with epidural injection \[2018\] - 543KB](#)

by Keun Lee, Yong Hun Pee, Il-Tae Jang, Kwang Lae Lee

Transient paralysis occasionally occurs after an epidural injection, but the reasons for this are still unknown. We present here a patient with transient paralysis following loculation of the injectant associated with the procedure. A 50-year-old woman with a history of two previous spinal operations complained of a burning sensation and radiating pain. A caudal block and right S1 transforaminal epidural block were performed. Loculation of the block injectant into the right L5 and S1 epidural space was confirmed through computed topographic imaging. She showed transient weakness of the right lower limb, which completely recovered after 1 day. This case shows that extra care should be taken when performing an epidural injection in a patient with adhesions around the injection site and appropriate adjustments should be made to the volume of the injectant.

 [Non-bacterial thrombotic endocarditis: A rare manifestation of cervical adenocarcinoma \[2018\] - 983KB](#)

by Michael Chung Keat LIM, Zatul Akmar AHMAD, Soon Chai LOW, Yin Ling WOO, Norlisah RAMLI, Nortina SHAHRIZAILA, Chong Tin TAN

Non-bacterial thrombotic endocarditis (NBTE) denotes the presence of sterile non-infective vegetation on structurally normal, or subtly degenerate cardiac valves and is often associated with advanced malignancies. In gynaecological cancer in particular, NBTE has been most commonly associated with ovarian cancer. Here we report a rare but interesting case of NBTE in a patient with locally advanced cervical adenocarcinoma.



[Ross syndrome: A case report \[2018\] - 1,142KB](#)

by Chandramouleeswaran Venkatraman, Sindhuja Lakshminarasimhan, Ramya R, Kannan Vellaichamy

Ross syndrome is a rare disorder with partial autonomic dysfunction. It is characterized by a triad of Adie's tonic pupil, decreased or absent tendon reflexes and decreased or absent sweating. The hypohydrosis or anhydrosis initially is patchy and then becomes segmental or diffuse. There may be compensatory hyperhydrosis in the uninvolved areas. Seeking medical attention may be delayed until the hypohydrosis interferes with work. Literature review shows that less than 60 cases have been documented so far. Here we report a patient who presented with segmental hypohidrosis of 10 years duration and had all the classical features of Ross syndrome.



[Clinical features of transient ischemic attack or ischemic stroke patients at high recurrence risk in Indonesia \[2018\] - 251KB](#)

by M Akbar, J Misbach, F Susatia, A Rasyid, A Yasmar Alfa, T Syamsudin, E Kustiowati, M Ingrid Tjahjadi, M Hasnawi Haddani, T Suwirno Zakaria, Suratno, LAmalia, A Basuki Prima Birawa, D Tugaworo, I Setyopranoto, E Raharjo, T Eko Purwata, O Adnyana I Made

Background: In Indonesia, stroke is the leading cause of death. Identification of patients with transient ischemic attack (TIA) or ischemic stroke (IS) at high risk of recurrent stroke is important as part of the disease management. The Essen Stroke Risk Score (ESRS) is one of the predictive scores to identify patients with high or low risk of recurrence. The purpose of this disease registry is to explore clinical profiles of TIA and IS patient with high risk of stroke recurrence using ESRS in Indonesia and to understand how the patients were managed as compared to the National guideline. Methods: This is a multicenter, non-interventional, prospective disease registry. The disease registry was designed to mirror real life management of TIA and stroke patients with inclusion criteria of patients 18 years old or older with recent first time TIA or ischemic stroke and with ESRS 3 or more. The follow up period was 3 months. Results: Among 395 subjects, 357 of subjects (90.38%) completed the follow up visit. Hypertension was the most prevalent risk factor (92.2%). Majority of subjects had ESRS 3 and 4 (72.2% and 23.3%, respectively). The National guideline was followed in only 32.7% of subjects in baseline and 37.3% at follow up visit. The comparison of parameters between baseline and follow up visit for 357 subjects showed clinical improvement. Conclusion: This registry showed the clinical profiles of TIA and IS in Indonesian patients. An ESRS of 3 was recorded in majority of the subjects. Majority of subjects were not treated according to the National guideline.



[Stroke thrombolysis in the Philippines \[2018\] - 350KB](#)

by Jose C Navarro, Maria Cristina San Jose, Epifania Collantes, Maria Cristina Macrohon-Valdez, Artemio Roxas, John Hiyadan, Arturo Surdilla, Muktader Kalbi, Francesca De Leon-Gacrama, Cyrus G Escabillas, Macario Reandelar

Background & Objective: Currently there is limited intervention for acute ischemic stroke. Recombinant tissue plasminogen activator (rTPA) has been approved for immediate recanalization after a steno-occlusive lesion of cerebral vessels. rTPA has shown its efficacy and safety from several clinical trials. The present study reports our experience with intravenous rTPA from several centers in the Philippines. Method: This is a retrospective cohort study consisting of 157 patients who qualified to receive rTPA following the NINDS trial inclusion and exclusion criteria. The primary outcome is in-hospital and 3-months mortality. Other outcome measures were determined: intracranial hemorrhage secondary to hemorrhagic conversion and functional outcome as measured by modified Rankin Scale. Additionally, standard dose (0.9mg/kg) was compared to low dose (0.6mg/kg) of rTPA in terms of mortality, intracranial bleeding and functional outcome. Results: The in-hospital mortality was seen in 23 (14.6%) and total death within 3 months was 18.3%. Independent patient (mRS 0-2) was seen in 69 (51.1%) at discharge and 95 (73.1%) at 3 months. Intracranial bleeding due to asymptomatic hemorrhagic transformation occurred in 39 (24.8%) and symptomatic hemorrhagic transformation was seen in 19 (12.1%). Conclusion: Comparing our results with SITS-MOST and Cochrane collaborations,

Stroke thrombolysis in the Philippines

^{1,7}Jose C Navarro MD MSc, ^{2,3}Maria Cristina San Jose MD, ²Epifania Collantes MD, ³Maria Cristina Macrohon-Valdez MD, ⁴Artemio Roxas MD, ⁵John Hiyadan MD, ⁶Arturo Surdilla MD, ⁸Muktader Kalbi MD, ³Francesca De Leon-Gacrama MD, ¹Cyrus G Escabillas MD, ³Macario Reandelar MD

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Abstract

Background & Objective: Currently there is limited intervention for acute ischemic stroke. Recombinant tissue plasminogen activator (rTPA) has been approved for immediate recanalization after a stenocclusive lesion of cerebral vessels. rTPA has shown its efficacy and safety from several clinical trials. The present study reports our experience with intravenous rTPA from several centers in the Philippines. **Method:** This is a retrospective cohort study consisting of 157 patients who qualified to receive rTPA following the NINDS trial inclusion and exclusion criteria. The primary outcome is in-hospital and 3-months mortality. Other outcome measures were determined: intracranial hemorrhage secondary to hemorrhagic conversion and functional outcome as measured by modified Rankin Scale. Additionally, standard dose (0.9mg/kg) was compared to low dose (0.6mg/kg) of rTPA in terms of mortality, intracranial bleeding and functional outcome. **Results:** The in-hospital mortality was seen in 23 (14.6%) and total death within 3 months was 18.3%. Independent patient (mRS 0-2) was seen in 69 (51.1%) at discharge and 95 (73.1%) at 3 months. Intracranial bleeding due to asymptomatic hemorrhagic transformation occurred in 39 (24.8%) and symptomatic hemorrhagic transformation was seen in 19 (12.1%).

Conclusion: Comparing our results with SITS-MOST and Cochrane collaborations, our data showed that we have more independent patients however death and intracranial bleeding was noted to be high in our cohort of patients. Additionally, the study showed more independent patients in the low dose group.

Keywords: thrombolysis, outcome, Asia, Philippines

INTRODUCTION

Stroke affects approximately 15 million people worldwide every year; around 9 million are Asians.¹ In the Philippines, the estimated prevalence of stroke is 9.0²/1,000², where 70% comprises of ischemic stroke while 30% of which are hemorrhagic stroke.³ It is also one of the most common causes of disability worldwide.⁴ Intravenous recombinant tissue plasminogen activator (IV rTPA) has been utilized since 1996 following the NINDS trial as the primary agent capable of reversing or reducing the extent of neurologic injury if given within 3 hours of onset of acute ischaemic stroke⁵; subsequent clinical trials have shown the benefit of rTPA administration up to 4½ hours after stroke onset.⁶ Presently, it is the only approved agent for intravenous thrombolysis in most parts of the world.⁷

The rate of IV rTPA use for stroke varies from 1.3-9% among Asian countries.⁸ Currently, more than 12000 stroke patients are estimated to receive this therapy each year, corresponding to 5% to 6% of patients with ischemic stroke, where dose ranges from 0.6 to 0.9mg/kg.⁹⁻¹⁰ Several hospitals in East Asia and Southeast Asia have adopted the lower dosage and this makes comparison of outcomes quite challenging.⁸

In the Philippines, the use of IV rTPA was approved in 1999. However due to its prohibitive cost, the utilization has been significantly limited. Through a program provided by the Department of Health of the Philippine government, its availability can now be accessed for free since 2015.¹¹ This paper aims to describe the demographic features and clinical outcomes of stroke patients who received IV rTPA from 2014 to 2016. Additionally, the factors associated with

Risk factors of bilateral chronic subdural hematoma compared to unilateral chronic subdural hematoma

¹Young Il Kim MD, ¹Dong Hoon Lee MD, ²Sang Uk Kim MD, ¹Ho Jun Yi MD, ¹Seung Ho Yang MD PhD, ¹Il Sup Kim MD PhD, ¹Jae Taek Hong MD PhD, ¹Jae Hoon Sung MD PhD, ¹Chul Bum Cho MD PhD

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Abstract

Chronic subdural hematoma (CSDH) is a common and relatively benign disease. The aim of this study was to investigate the differences between unilateral and bilateral chronic subdural hematoma in terms of predisposing factors. A retrospective analysis was made of all patients who underwent operation for CSDH at our institution between January 2010 and December 2015. Patients were divided into two groups (unilateral versus bilateral CSDH) and univariate and multivariate analysis was performed to assess demographic data, symptoms, cause of SDH, medical history, laboratory data, and initial radiologic findings. A total of 246 patients were enrolled. There were 63 (25.6%) patients with bilateral CSDH. There were no significant differences concerning sex and initial symptoms between the two groups. Only malignancy history was a significant risk factor for bilateral CSDH in both univariate and multivariate analysis ($p = 0.002$ and 0.001 , respectively). In multivariate analysis, diabetes mellitus (OR 2.03, 95% CI: 1.05 - 3.92, $p = 0.0350$), malignancy (OR 5.09, 95% CI: 1.93 - 13.40, $p = 0.0010$), membrane septation (OR 0.50, 95% CI: 0.25 - 0.96, $p = 0.0392$), and brain atrophy (mild: OR 2.34, 95% CI: 1.16 - 4.71, $p = 0.0164$, moderate: OR 3.85, 95% CI: 1.32-11.18, $p = 0.0131$) were significantly associated with bilateral CSDH. The present study suggests that diabetes mellitus, malignancy, membrane septation and mild to moderate brain atrophy is independent predisposing factors of bilateral CSDH.

Keywords: Bilateral, Chronic subdural hematoma, risk factor

INTRODUCTION

Chronic subdural hematoma (CSDH) is a commonly encountered disease entity in neurosurgical department. Most CSDH patients have a good postoperative outcome. However, recurrence or complications after treatment often become an obstacle. Bilateral CSDH accounts for 16%-20% of CSDH cases.¹⁻³ There are previous reports that bilateral CSDH patients are prone to be elderly (> 75 years old) and to have a related coagulation problem.^{4,5} The progress of disease in bilateral CSDH is more complicated than unilateral CSDH and some bilateral CSDH cases might show rapid aggravation.⁶

The predisposing factors of bilateral CSDH compared to unilateral CSDH is still uncertain and related studies are unsatisfactory. In this study, we retrospectively analyzed the differences

between unilateral and bilateral CSDH in terms of predisposing factors.

METHODS

Institutional review board approval was received, and all patients were from a single institution. We retrospectively reviewed all patients who underwent surgery for CSDH at our institution between January 2010 and December 2015. All cases of CSDH were confirmed based on computed tomography (CT) scan.

Patient age, sex, symptom duration from symptom to diagnosis, type of symptoms (headache, hemiparesis, loss of consciousness, speech disturbance, gait disturbance and memory impairment), initial Glasgow Coma Scale (GCS), repeated head trauma, cause of CSDH and comorbidities including hypertension