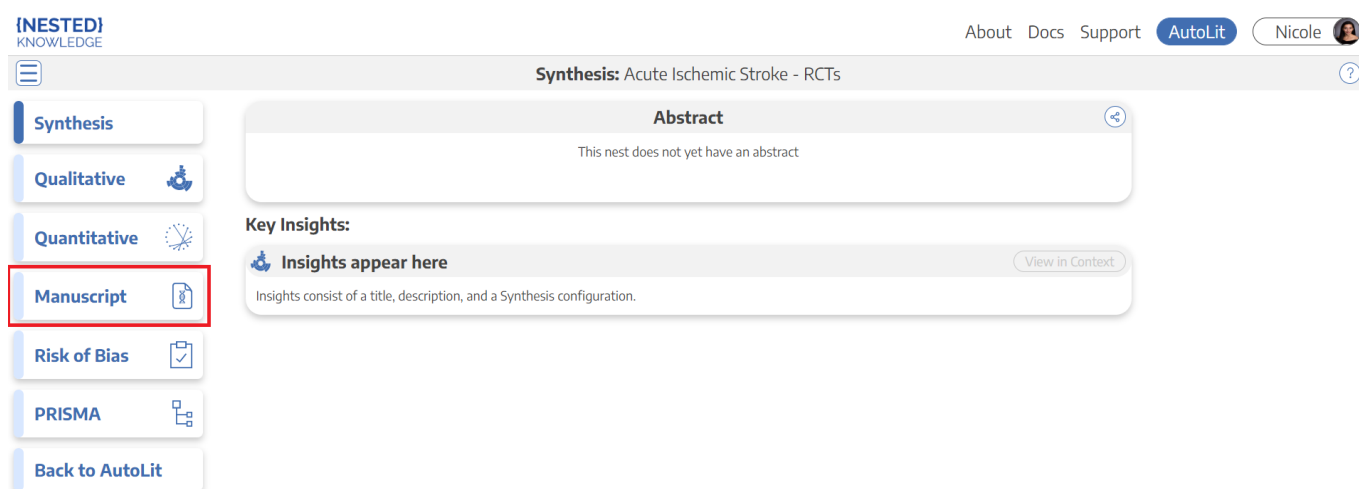


Manuscript

This page describes how to view and interpret the Manuscript output in Synthesis. To learn how to use the Manuscript Editor in AutoLit, click [here](#).

1. Navigate to Manuscript

After entering Synthesis, select “Manuscript”:



2. Interacting with Manuscript

Manuscript is not editable from the Synthesis view. However, you can still do the following:

Use the Table of Contents

Select “Show Table of Contents” to open the Table of Contents (red outline), which allows you to navigate to any section by selecting it.

Synthesis Home ← Manuscript: Basilar Artery - thrombectomy vs. thrombolysis

Show Table of Contents

Abstract

Background and Purpose:
Endovascular thrombectomy (EVT) as an effective treatment acute ischemic stroke (AIS) due to large vessel occlusion of the anterior circulation (AC-LVO). Randomized trials of posterior circulation large vessel occlusion (PC-LVO) patients have failed to show a benefit of EVT over medical therapy (MT). We performed a systematic review and meta-analysis using the Nested Knowledge [AutoLit](#) living review platform to understand better whether EVT is beneficial for PC-LVO.

Methods:
On the AutoLit platform, we identified randomized control trials and prospective studies that reported functional outcomes in patients with PC-LVO treated with EVT versus MT. The primary outcome variable was 90-day modified Rankin Scale (mRS) 0-3, and secondary outcome variables included 90-day mRS 0-2, 90-day mortality, and rate of symptomatic intracranial hemorrhage (sICH). The Mantel-Haenszel method was used to calculate 95% confidence intervals (CIs) around the pooled effect sizes, and a separate random effects model was fit for each outcome measure.

Results
Three studies with 1,248 patients, 860 in the EVT arm and 388 in the MT arm, were included in the meta-analysis. The favorable outcome rate (mRS 0-3) in EVT patients was 39.9% [95% CI: 30.6-50.1%] versus 24.5% in MT patients [95% CI: 9.6-49.8%]. EVT patients had higher mRS 0-2 rates (31.8% [95% CI: 25.7-38.5%] versus 19.7% [95% CI: 7.4-42.7%]) and lower mortality (42.1% [95% CI: 35.9-48.6%] versus 52.8% [95% CI: 33.3-71.5%]) compared to MT patients, but neither result was statistically significant. EVT patients were more likely to develop sICH (OR=10.36; 95% CI: 3.92-27.40).

Conclusions:
EVT treatment of PC-LVO trended toward superior functional outcomes and reduced mortality compared to MT despite a trend toward increased sICH in EVT patients. Existing randomized and prospective studies are insufficiently powered to demonstrate a benefit of EVT over MT in posterior circulation AIS patients.

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Select tag to filter

References

View the References panel

To view the full list of References related to a Manuscript, click the “References” panel at the bottom of the page (red box in the above image).

To view the specific Reference information related to an in-text citation, click the blue text for the citation. This will open the References panel and auto-scroll to the reference of interest.

3. How does this differ from a Publication?

Note: the Manuscript feature is meant to provide an environment for drafting background, methods, textual/descriptive outcomes, and discussion. Synthesis, as the page for viewing and interpreting results of a review and meta-analysis, is shareable for the purposes of review of the outputs, whether to get feedback or to support shareable reports.

Manuscript does not represent an academic publication, as it is not peer reviewed, is presented directly by the authors, and is not indexed. We recommend that any manuscript that is meant for academic publication be left on a private Synthesis page until after submission to an appropriate journal.

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