Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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Features of the clinical course of ischemic stroke in postcovid patients

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Background and aims

The study of the course of the disease in patients previously ill with COVID-19 infection would contribute to adjusting approaches to the treatment of such patients in order to improve the efficiency of the cure.

Methods

We observed 45 patients previously ill with COVID-19 and admitted with a diagnosis of ischemic stroke and apply the Sf-36, MOCA, HADS, Rivermide, Rankin and NIHHS scales, of these, 44.4% (20) were women, and 55.6% (25) were men. The average age of patients was 61.2 (52–74) years. The control group of patients, also with ischemic stroke, but without Covid-19 disease in anamnesis, also consisted of 45 people, 48.9% (22) were women and 51.1% (23) were men. The average age of patients was 62.8 (53–78) years.

Results

In 42 patients previously ill with COVID-19, significant results of the studied indicators indicating a more severe course of the disease were observed compared to those in the control group. At the same time, no significant differences were observed among men and women. In the group of patients who had not previously suffered from COVID-19, only 6patients (13.3%) also suffered from the disease. The majority of these patients were men aged 63 and above.

Conclusions

The results of the studies indicate a strong influence of the fact of the previously suffered infection COVID-19 on the nature and duration of the course of ischemic stroke. A history of COVID-19 should contribute to the revision of treatment tactics and the intensity of interventions and be prepared for a longer process of rehabilitation procedures.

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Association of major adverse cardiovascular events in stroke patients with cardiac wall motion abnormalities

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Background and aims

The association of cardiac wall motion abnormalities (CWMAs) in stroke patients with major adverse cardiovascular events (MACE) remains unclear. The purpose of this study was to estimate the 50 month risk of MACE, including stroke recurrence, acute coronary events and vascular death in stroke patients with CWMA.

Methods

We performed a retrospective analysis of prospectively collected stroke data over a 50-month period by electronic medical records. Data included demographic, clinical, vascular imaging and echocardiography data including CWMA and MACE.

Results

Out of a total of 2653 acute stroke patients, CWMA was observed in 355 (13.4%). In CWMA, embolic stroke of undetermined source (ESUS) (50.7%) was the most frequent index stroke subtype and stroke recurrences ($p = 0.001$). In multivariate cox regression after adjustment for demographics, traditional risk and confounding factors CWMA was independently associated with higher risk of MACE (aHR 1.74 (95% CI 1.37–2.21), $p = 0.001$). Similarly, CWMA independently conferred an increased risk for ischemic stroke recurrence (aHR 1.50(95% CI 1.01–2.17), $p = 0.04$), risk of acute coronary events 2.50(1.83–3.40), $p = 0.001$) and vascular death (aHR1.57(95% CI 1.04–2.40), $p = 0.03$), in comparison to the stroke patients without CWMA.

Conclusions

In a multiethnic cohort of ischemic stroke with CWMA, CWMA are associated with 1.7-fold higher risks of MACE independent of established risk factors. ESUS was the most common stroke association with CWMA. Stroke patients should be screened for CWMA to identify patients at higher risk of MACE.

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Increased cerebral venous sinus thrombosis during COVID-19 lockdown

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Background and aims

During the Coronavirus Disease-2019 (COVID-19) pandemic, reports of increased cerebral venous thrombosis (CVST) have appeared. Few studies have compared the rate of CVST admissions during the outbreak to previous years. It is not known if preventative measures such as lockdowns affect the rate of CVST presentation.

Methods

A retrospective analysis of CVST admissions from January 1st, 2019 to December 31st, 2020 was carried out by reviewing the electronic database. All CVST with radiological confirmation were included.

Results

There was a 13.2% increase in CVST in 2020 compared to 2019 (43.4% vs. 56.6%). CVST was higher during the lockdown period (March to September) compared to the rest of 2020 ($p < 0.001$). This finding could not be replicated in 2019. CVST cases during lockdown remained statistically higher than cases in the rest of 2020 even after removing all COVID-19 cases (34.2% vs. 65.8%, $p < 0.006$). During the lockdown period, the incidence of CVST was 4.0 per 100,000 COVID-19 cases.

Conclusions

There were more CVST during the lockdown in 2020 compared to the same period in 2019. Lifestyle modifications resulting from lockdown may harmfully impact CVST independent of COVID infection.

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