

# Stroke Management: Expanded Therapeutic Window Based on Viable Brain Analysis

*Advanced brain imaging is expanding stroke treatment windows, enabling selected patients beyond 24 hours to benefit from thrombectomy or alteplase*

LOS ANGELES, CA, UNITED STATES, February 10, 2026 /EINPresswire.com/ -- "The classic therapeutic windows for thrombolytics and mechanical thrombectomy has given way to viable brain analysis-based CT angiogram perfusion scans and MRI brain. The literature is clear that every 15-minute delay in intervention makes a difference to all-cause mortality when providing treatment in stroke. Earlier is better, but there are patients outside the 24-hour window who can be saved with interventions depending on the analysis of the brain at risk on CT angiogram," states Greg Vigna, MD, JD, Board Certified in Physical Medicine and Rehabilitation.

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Greg Vigna

Study by Dr. Amir Shaban: "Mechanical thrombectomy for large vessel occlusion strokes beyond 24 hours"

"Mechanical thrombectomy beyond 24 hours appears to be safe and tolerable with no more hemorrhages or complications compared with standard of care thrombectomy. Outcomes and mortality in this time window are worse compared with an earlier time window, but the rates of



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*Greg Vigna, MD, JD*

good outcomes may justify this therapy in selected patients."

Study by Dr. Ying Zhou, Ph.D.: "Alteplase for Acute Ischemic Stroke at 4.5 to 24 Hours"

"Interventions: Patients were randomly assigned (1:1) ... to receive intravenous alteplase or standard medical treatment."

The primary efficacy outcome was functional independence, defined as a modified Rankin Scale score of 0 to 1 at 90 days. Safety outcomes included symptomatic intracranial hemorrhage within 36 hours and all-cause mortality within 90 days.

Greater odds of a better functional outcome among the alteplase group."

To learn more, visit [our website](#).

To read more about Stroke Management, [click here](#).

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1. Man, et al. Association Between Thrombolytic Door-to-Needle Time and 1-Year Mortality and Readmission in Patients with Acute Ischemic Stroke. JAMA. 2020 Jun 2;323(21):2170-2184.
2. Shaban, et al. Mechanical thrombectomy for large vessel occlusion strokes beyond 24 hours. Journal of NeuroInterventional Surgery. Vol. 15, Issue e3.
3. Zhou, et al. Alteplase for Acute Ischemic Stroke at 4.5 to 24 Hours. The HOPE Randomized Clinical Trial. JAMA. Vol. 334, No. 9.

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