European Stroke Organisation (ESO) Department to Department Visit Program 2018

Report from Pasquale Scoppettuolo (Belgium) visiting the Department of Neurology at Roger Salengro Hospital (Lille, France).

Period of the visit: 1/10/2018 to 5/10/2018.

First of all, I am very grateful to the ESO and to Prof. Cordonnier and Prof. Leys for having accepted me as visitor for the Department-to-Department Visit Program at Salengro Hospital for a week.

I have just completed my trainee in Neurology at Erasme Hospital in Brussels and after 4 years, I was looking for an exchange allowing me to compare our experience and our job with other stroke centres in Europe. Lille hospital is the reference for the whole Northern region of France as tertiary centre for thrombectomy and all other cerebrovascular diseases.
ESO gave me this opportunity and I will present you some points supporting this visit as an interesting exchange and an enriching experience for a stroke physician.

I had not a particular mentor but all the member of the team introduced me to the different roles of the Department (neurologist in trainee, resident in neurovascular consultation, specialist on call in emergency department, assistant in trainee for ultrasound assessment) after having done patient visit with junior and senior neurologists each morning.
Morning ward rounds were performed with Prof. Leys or Dr Henon and Dr Pasi. This part of the exchange allowed me to see how the 16-bed stroke Unit is managed, organised and equipped, including two "thrombolysis rooms" available in case of suspicion of acute ischemic stroke. Following this procedure, the patient is admitted directly from the emergency department and after MRI, rtPA is quickly administrated under the surveillance of specialized nurses performing NIHSS each 15 minutes.

I also assisted to neurovascular outpatients coming for a three-months follow-up classically, when NIHSS and modified Rankin scale are performed to assess morbidity after stroke and their stroke etiology is established after reading of a complete battery of ancillary exams not performed during the hospitalisation (TEE, 7-days Holter ecg monitoring, genetic test, biological biomarkers, etc.) and advices of other specialists.
Furthermore, Prof. Cordonnier runs an unrupted vascular malformations consultation, very particular in its genre, following patients with asymptomatic vascular lesion, sometimes very young, usually discovered by chance due to the increasing number of MRI performed. For most of them, we discussed and explained risk and benefits of the treatment (usually by neuroradiological technics) in the light of the most recent literature reviews (ARUBA study for arteriovenous malformation for instance) and we helped them taking care of symptoms (headache, epilepsy, etc). I did appreciate her competence in answering all their several questions and listening to their fears and doubts: it's a consultation of great usefulness for a cerebrovascular center and its patients.

I also went along the stroke neurologist on call in case of transfer for thrombectomy and I discussed the most interesting cases in details during in the weekly multidisciplinary meeting.
The main point that interested me in the acute setting, it was the patient care starting by MRI: I revised my knowledge of imaging of early ischemic stroke by MRI, perfusion MRI, artefacts and pitfalls of angioMRI. I had always worked with the perfusion CT that does not allow a lecture of parenchyma state: these are themes acquiring more and more place in the discussion about reperfusion therapy (RT). A rigorous selection of patients is the key for lowering morbidity and improving patient outcome.

Additionally, Lille hospital is an accredited center for *telestroke* in the North Region: neurologist on call give their advice 24 hours a day, considering clinical information (NIHSS, medical past history, treatment, etc.) and imaging performed in second line centres, discussing indication and usefulness of

reperfusion therapy with the emergency department of origin. I count to develop this point in my country for a best selection of candidate patients for RT.

Thanks to this experience, I had the opportunity to visit one of the best Stroke Units in France for organization, forefront treatment of ischemic and haemorrhagic stroke and tradition of training. On the other side, I explored a department differently structured: most of remarks could be useful ideas for my Unit to improve patient care.

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