

Follow up clinical efficacy trial was reported in February 1999¹⁰. Intra-arterial thrombolysis involves the direct infusion of thrombolytic agent into the occluding thrombus achieving higher local concentration of drug, lower systemic concentration and fewer hemorrhagic complications¹¹. It allows thrombolysis to be given to only those patients in whom vessel occlusion has been demonstrated. Further the exact site of occlusion can be seen. Recanalization rates appear to be higher than intravenous thrombolysis¹². Additionally, mechanical means may be applied to disrupt the clot using the microguidewire and this may facilitate the action of the thrombolytic agent. Clot retrieval devices are now available (Merci, Bos sci, approved by FDA). Mechanical thrombolysis is obviously invaluable if clot is resistant to intra-arterial tPA. If thrombus is superimposed upon a stenosis, it may be necessary to undertake angioplasty or stent the lesion. Mechanical thrombolysis may also be considered if pharmacological thrombolysis is contraindicated.

Although intra-arterial techniques have distinct advantages there are logistical problems. Intravenous thrombolysis has obvious advantage of ease and rapidity of administration and avoids the disadvantage of intra-arterial treatment which includes the inevitable additional time delays, risk of procedure. In additional intra-arterial treatment requires specialist Neurointerventional training. There are a few small randomized trials^{9,10,13} comparing intra-arterial thrombolysis with placebo, within six hours of the ictus and combined intra-arterial and intravenous treatment¹⁴⁻¹⁶ reporting encouraging results. But there are no randomized trials comparing intravenous and intra-arterial treatment. Current opinion suggests that intra-arterial treatment may be useful for large vessel occlusions and in those presenting after 3 hours window period where DWI/PWI/CTP are favorable.

Vertebrobasilar occlusion is usually associated with a poor prognosis with overall mortality rates of 70-80% there are no randomized studies but many cases of thrombolysis are reported in literature using local intra-arterial infusions of urokinase or tPA¹⁷. The precise time window is uncertain and therapeutic windows of up to 72 hours have been reported. Signs of brain stem infarction on imaging are not always indicative of poor outcome. However, coma or tetraparesis for several hours is indicative of poor prognosis despite recanalization.

The current opinion suggests that immediate intravenous tPA opts for time and ignores specificity. To achieve specificity now requires resources but very little time. We will all agree that

patients are better served by accurate diagnosis and appropriate specific therapy. Intravenous tPA is an important therapeutic option that is appropriate for some occlusive lesions. However, it is not appropriate treatment for some other patients with acute ischemic strokes which might be better treated by other methods.

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Announcement

International Medical Educator Program Fellowships of CMCL-FAIMER Regional Institute 2007

The CMCL-FAIMER regional Institute's Fellowship is a One-year Fellowship program designed for Indian medical school faculties who have the potential to play a key role in improving medical education. The first session consists of five days of intensive course at Chirstan Medical College, Ludhiana, India during January 2007 followed by an inter session curriculam innovation project at the participant's home institution through internet discussion group; the second will be in January 2008. The program is uniquely designed to teach education methods and leadership skills, as well as to develop strong professional bonds with other medical educators. The CMCL-FAIMER Regional Institute, running in its second year, is sponsored by the Foundation For Advanced of International Medical Education and Research (FAIMER), which is a nonprofit foundation of the Educational Commission for Foreign Medical Graduates (ECFMG), USA. Limited funding is available to support Fellows' travel, local expenses and course fee. The cost of carrying out the project, however, is not included. Fifteen fellowships are on offer this year.

For details visit our site. : <http://cmcl.faimer.googlepages.com/home> or contact Dr Tejinder Singh , Director of the Program and Vice Principal at Christian Medical College, Ludhiana 141008 Tel :01612608617, Mobile 09815400048, e-mail : cmcl.faimer@gmail.com

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IMSA News

IMSA CHAPTER ACTIVITIES - April to June 2006

Tamil Nadu Chapter

09-04-2006 : Dr. Arjun Rajagopalan, "Finding, Filtering, Evaluating Rheumatology and Adopting Medical Evidence in Clinical Practice"
 14-05-2006 : Dr. Abraham Thomas, "Face Transplantation"
 11.06.2006 : Dr. Noordeen, "Elimination of Leprosy"

T.N. Chapter Venue : Ranipet (Vellore)

18.06.2006 : Dr. B. Sumathi, "Recent Advances in Management of Diarrhoeal Disorders in Pediatrics"
 Dr. M. Rajkumar, "Diabetic Foot Syndrome"

Delhi Chapter

01.04.2006 : "Clinical Meeting" in collaboration with Delhi Association at AIIMS, New Delhi
 17.06.2006 : "Scientific Programme" organised in collaboration with Delhi Rheumatology Association at Seminar room, Indian Spinal Injuries Centre, Vasant Kunj, New Delhi.

Rural CME

HONOR

Dr. Tarun Gupta, Addl. Secretary General, IMSA has been installed the Hony. Secretary of the Rotary Club of Delhi Chanakyapuri, R.I. Dist. 3010 for the year 2006 -2007.

World Congress on Clinical & Preventive Cardiology (WCCPC 2006)

Organised By

Cardiological Society of India, Delhi Branch (CSI Delhi Branch),
 Asian Pacific Society of Cardiology (APSC),
 Healthy Heart Education and Research Foundation (HHERF),
International Medical Sciences Academy (IMSA)

In association with

J.W. Global Hospital & Research Centre (J.GHRC),
 Defence Research & Development Organisation, Govt. of India (DRDO)
 Indian Academy of Echocardiography (IAE) &
 World Academy of Spiritual Science (WASS)

On September 22 to 24, 2006

At The Academy for a Better World Gyan Sarovar, Mount Abu, Rajasthan, India

ANNOUNCEMENT

SPECIAL HIGHLIGHTS : Recent advances in clinical cardiology, Preventive cardiology, hypertension, congestive heart failure, dyslipidemia, coronary artery disease, medical angioplasty, coronary imaging, cardiometabolic syndrome, echocardiography, electrophysiology and cardiac arrhythmia, interventional cardiology, cardiovascular surgery and cardiac anaesthesia. **REGISTRATION** : "Registration is free" for all Registered Delegates on "First cum First Serve Basis" upto 800 only upto July 15, 2006.; fee of Rs. 2500/- will be charged from 16 th July, 2006 **For Registration Contact: Dr. H.K. Chopra**, Organising Chairman, IMSA World HQ, 2nd Floor National Medical Library, Ansari Nagar, New Delhi 110029 E-mail: drhkchopra@yahoo.com, drhkchopra@gmail.com Fax: 011-26444242; M: +91-9811090204 Ph: 011-26444242, 25658826, 26656990 **Dr. Satish Kr. Gupta**, Organising Secretary, J.W. Global Hospital & Research Centre, Shantivan, 307510 (Abu Road, Rajasthan) E-mail: wccpc2006@bkindia.com, smbhmhealth@gmail.com, Fax : 02974 - 228116, M: +91-9829479888, +91-9414154041, Ph: 02974-228577, 228101...106, 228340

IMSACOM 2006 ANNOUNCEMENT

Organising Secretary IMSACOM 2006 at Lahore has desired that all delegates/ participants who have already sent their passport papers to Dr. Shaheena Asif, should apply for Visa to the Pakistan High Commission in India urgent. **For Details see Page 74.**

Dr. Pinnamanani Narasimha Rao International Award

Recommendations for "Dr. Pinnamanani Narasimha Rao International Award" are invited from Fellows and Members as also the Board of Trustees of IMSA. The recommendations should be sent along with biodata, colour passport size photograph and abstract of the paper, to IMSA Headquarter, New Delhi by **31st August 2006**. The Selected awardees will be required to deliver an oration at **IMSACOM 2006** at Lahore.

Secretary General, IMSA