



STROKE



TBI



DEMENTIA

# Cerebrolysin® as an Adjunct Therapy to Mechanical Thrombectomy

*Staszewski, J., Dębiec, A., Strilciuc, S. et al. Efficacy of Cerebrolysin Treatment as an Add-On Therapy to MT in Patients with Acute Ischemic Stroke Due to Large Vessel Occlusion in Anterior Circulation: Results of a 3-Month Follow-up of a Prospective, Open Label, Single-Center Study. Transl. Stroke Res. (2025).*

## Cerebrolysin enhances safety and efficacy of recanalization treatment

- Significant improvement of functional independence
- Reduction of hemorrhagic complications
- Early recovery
- Reduced therapeutical costs
- Regained independence

# Cerebrolysin®

**Reconnecting Neurons.  
Empowering for Life.**

# Challenges in Acute Ischemic Stroke (AIS) Treatment

- Mechanical thrombectomy (MT) and neurovascular imaging (CT, MRI) have improved AIS care.
- Despite recanalization success rates exceeding > 80 %, functional independence at 3 months remains low.
- The risk of secondary intracerebral hemorrhage (sICH) following endovascular thrombectomy (EVT) can be as high as 40 %, and even asymptomatic cases may negatively impact neurological recovery and overall outcomes.

## Futile Recanalization: Good vessel reopening ≠ good outcomes

### Causes

- Reperfusion injury
- Oxidative stress
- Calcium overload triggering neuronal apoptosis or necrosis
- Inflammation
- Microvascular failure (no-reflow)
- Blood–brain barrier (BBB) disruption  
→ cerebral edema & sICH

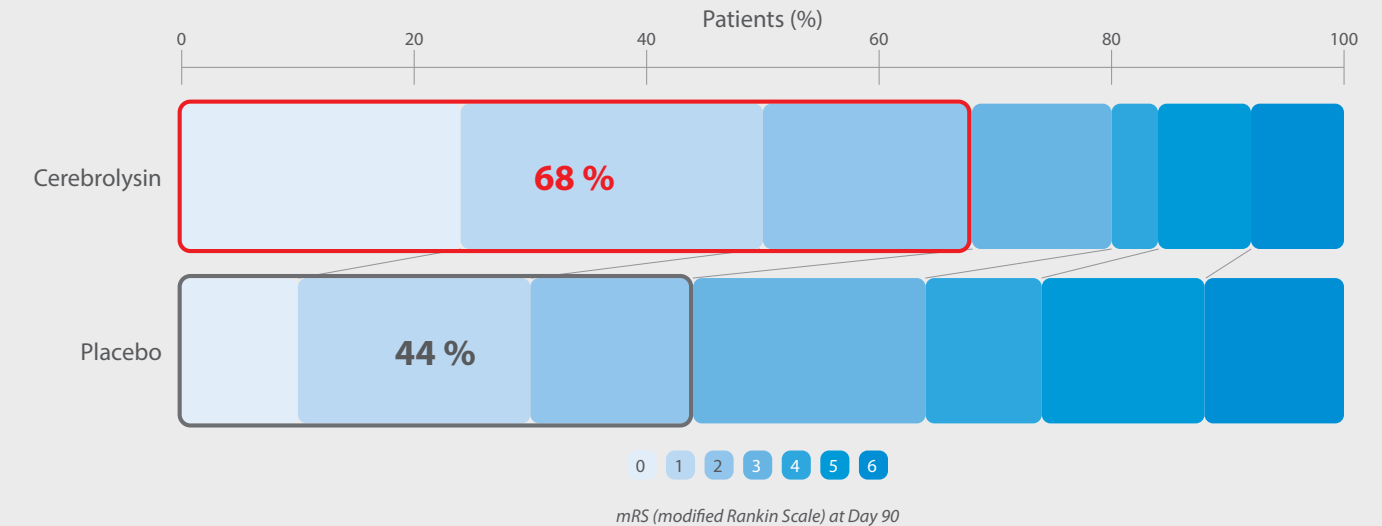
### Cerebrolysin

- Reduction of oxidative stress
- Reduction of calcium overload
- Reduction of apoptosis
- Reduction of inflammation
- Reduction of microvascular failure
- Reduction of BBB disruption



# Significant Improvement of Functional Independence

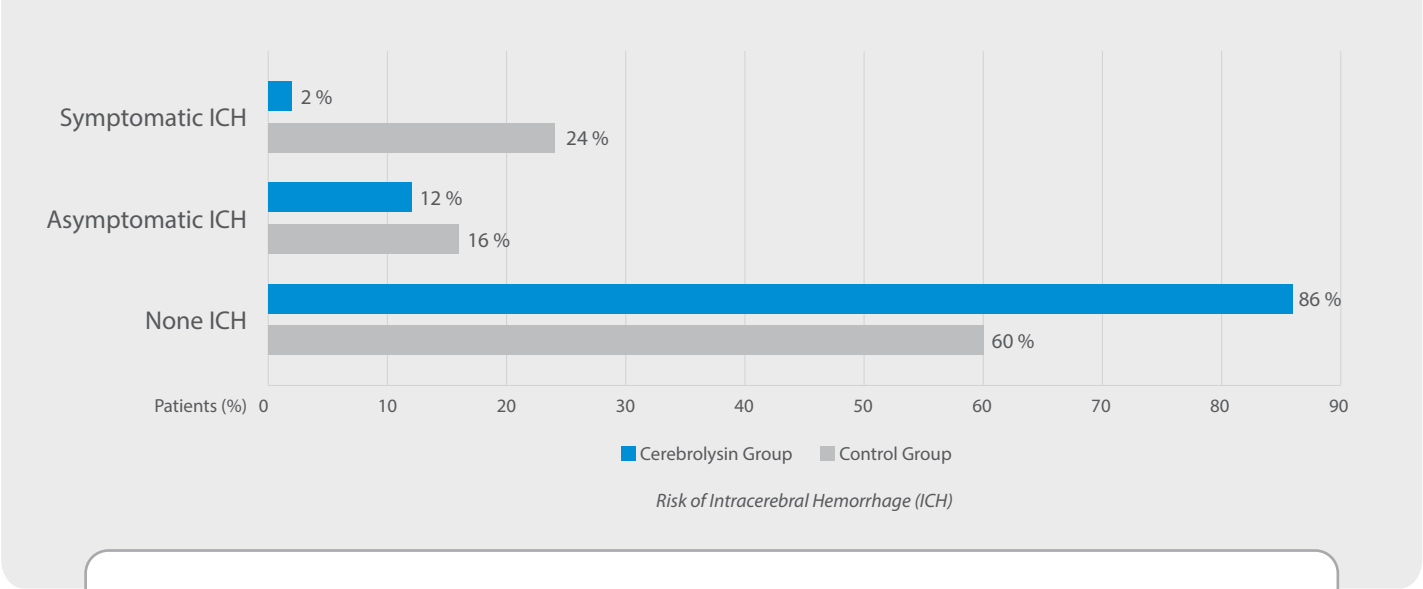
## Favorable mRS-shift in Cerebrolysin group on day 90



- **Significant results** at day 90
- **68 % of patients** gained functional independence (mRS 0-2) in Cerebrolysin group
- Only 44 % reached the same level in the placebo group
- Even **greater benefits** in patients receiving **bridging r-tPA** (80 % vs. 48 %)
- Enhanced capacity to mitigate proinflammatory state associated with diabetes

# Reduction of Hemorrhagic Complications

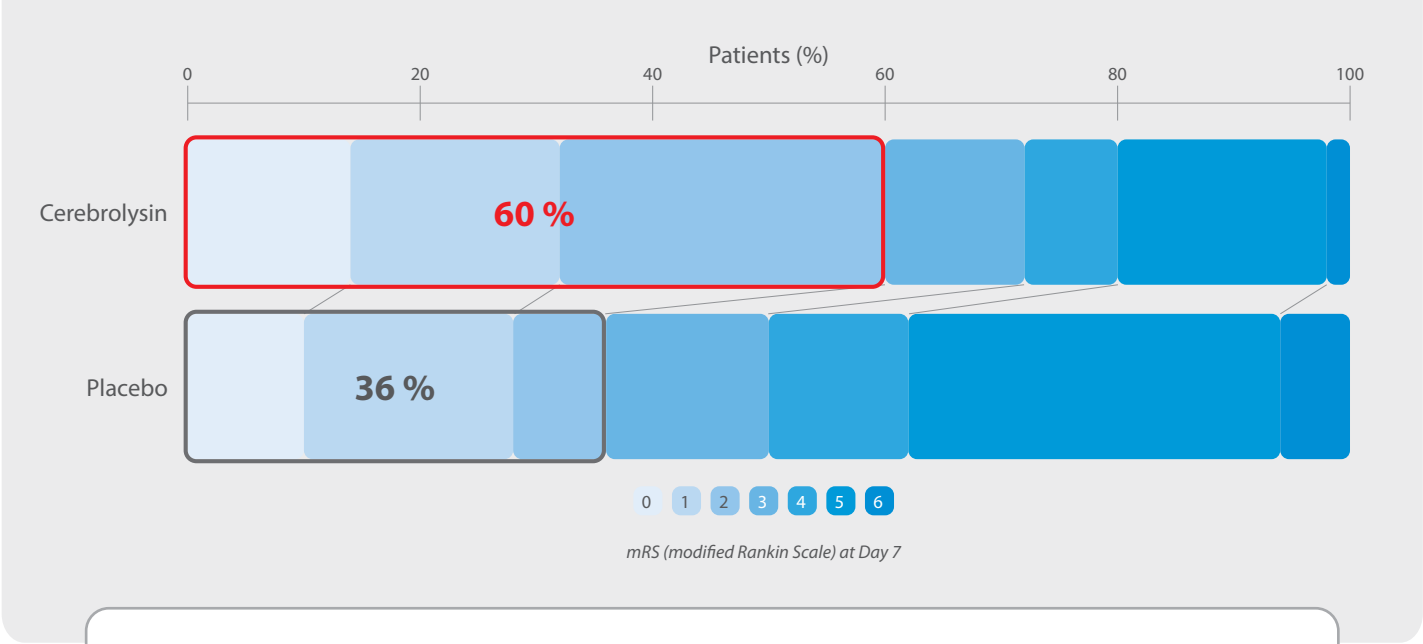
## Significantly lower risk of any secondary ICH in Cerebrolysin group



- **Only 14 %** with hemorrhagic complication in Cerebrolysin group vs. 40 % in control group
- Only 2 % of patients with symptomatic ICH in Cerebrolysin group vs. 24 % in control group

# Early Recovery

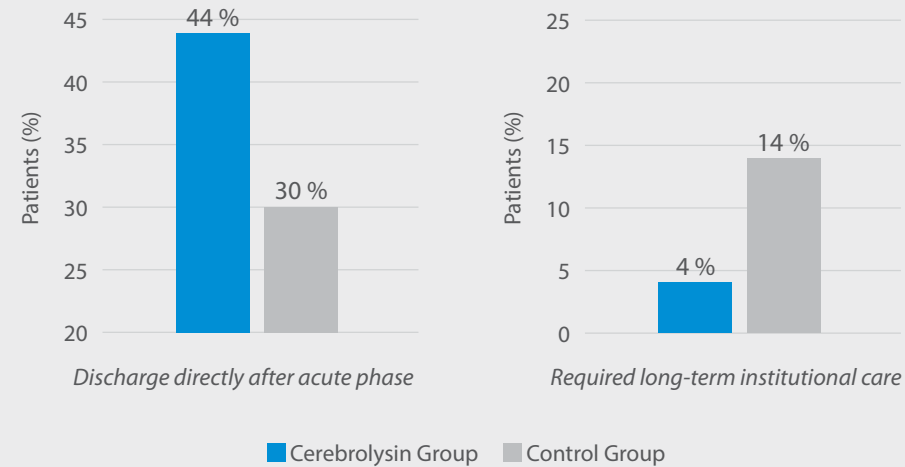
## Early recovery confirmed by mRS in Cerebrolysin group on day 7



- **Significantly better results** on day 7 in Cerebrolysin group
- No significant improvement observed in control group
- **60 % of Cerebrolysin patients** achieved functional independence (mRS 0-2) already by day 7
- Only 36 % reached the same level in placebo group

## Reduced Therapeutic Costs

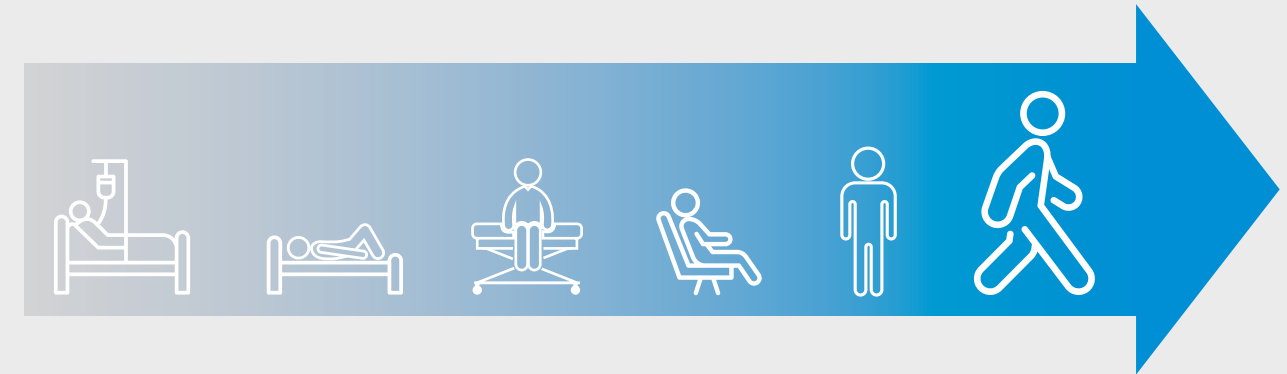
### Less care required



- **High economic costs**, associated with long-term care, could be reduced in Cerebrolysin group
- 44 % of Cerebrolysin patients were **discharged home directly after the acute phase**, compared to only 30 % in the placebo group
- Only 4 % required **long-term institutional care** in Cerebrolysin group vs. 14 % in placebo group

## Regained Independence

### Improved mobility



- **Significant higher Barthel Index (BI)** in Cerebrolysin group on day 30 and 90
- **Mobility score** improvement was more than **doubled** in Cerebrolysin group (7 vs. 3 points)
- Improved mobility plays a key role in regaining patient independence

# Start with Cerebrolysin® as early as possible after moderate-severe AIS

- **Early administration significantly** improves outcomes
- Neuroprotective effects **extend beyond 72 hours** through enhanced neuroplasticity
- **Recommended by the EAN/EFNR and other neurological societies!**

Daily dosage	Initiation of treatment	Treatment Duration
30 ml	as soon as possible	10 – 21 days



**Titel:** Efficacy of Cerebrolysin Treatment as an Add-On Therapy to Mechanical Thrombectomy in Patients with Acute Ischemic Stroke Due to Large Vessel Occlusion in Anterior Circulation: Results of a 3-Month Follow-up of a Prospective, Open Label, Single-Center Study

**Author:** Staszewski et al., 2025

**Journal:** Springer Nature - Translational Stroke Research

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