The same queries that addressed SAH were applied to severe ischemic stroke (SIS). However, we found only very few articles not always strictly dealing with the objectives of SG3.

1. Multicenter, double blind RCT enrolling 841 patients with ischemic stroke, randomized to either albumin 25% 8 ml/kg bolus or saline [1]. The endpoint was poor outcome at 3 months. The study was interrupted for futility. The quality of the study was high.
   This study was included in the SG1 revision since it dealt with long-term outcome.
   GRADE: high.

2. Multicenter RCT enrolling 1267 patients with stroke, randomized to hemodilution (venisection and replacement with dextran 40) to achieve a target hematocrit or standard treatment [2]. Poor outcome at six months was not different between the two study arms. The main drawback of the study was the absence of blinding, not information on allocation concealment was reported.
   The study did not deal specifically with the objectives of SG3.
   GRADE: moderate.

3. Observational study carried out on 193 patients with middle cerebral artery infarction investigating the causes of malignant brain oedema occurrence [3]. A logistic regression model indicated that daily fluid intake greater than 1650 ml was associated independently with development of malignant brain oedema (OR= 13.86, 95 % CI 5.11–37.60, p value <0.001).
   Methodological limitations: logistic regression is not the best choice when dealing with time dependent variables such as daily fluid intake; no propensity score was developed to account for prescription bias; the model included only five variables probably because of the limited sample
query and body of evidence grading (Severe Ischemic Stroke)

size. The very high OR for daily fluid intake, raises strong doubts on the reliability of the model.
GRADE: very low.

4. Observational study enrolling 82 subjects with acute ischemic stroke receiving different albumin doses [4]. After adjusting for only one variable 3-months favourable outcome was predicted by the highest albumin doses. The study was strongly biased by the modest samples size that led to underfitting and by the presence of prescription bias (no propensity score was developed).
The study did not deal specifically with the objectives of SG3.
GRADE: very low.
References


