Lunch Seminar 8

急性缺血性腦中風治療過去、現在、未來

Treatment of Acute Ischemic Stroke: Past, Present, and Future

(本演講由台灣百靈佳殷格翰股份有限公司贊助)

時間：2025 年 6 月 28 日(六) 12:30~13:30
會議室：301 會議廳
座長：賈蔚局長(桃園市政府衛生局)
講師：陳龍理事長(台灣腦中風學會)

講座簡介

急性缺血性腦中風過去的治療主要以支持性療法為主，病人常因延誤治療而留下嚴重後遺症。自 1995 年血栓溶解劑 rt-PA 問世後，3 小時內施打可顯著改善預後，成為治療里程碑。台灣目前健保給付條件已放寬至發作 4.5 小時內施打，讓更多病人受惠。TNK 的發展也將讓謝栓溶解的治療更簡化。近年來，由於機械取栓術的發展，大幅提升血管再通率與功能恢復，讓 6 至 24 小時內大血管阻塞病人仍有治療機會。未來，治療將朝向個人化與精準醫療發展，結合 AI 影像判讀與生物標記，提升病人篩選效率與治療成效。我們正站在腦中風治療的轉捩點，時間就是腦，早期辨識與即時處置仍是關鍵。

In the past, treatment for acute ischemic stroke primarily relied on supportive care, and patients often suffered severe sequelae due to delayed intervention. Since the introduction of the thrombolytic agent rt-PA in 1995, administration within 3 hours has significantly improved outcomes, marking a milestone in stroke therapy. In Taiwan, the National Health Insurance (NHI) has extended coverage to include rt-PA administration within 4.5 hours of symptom onset, allowing more patients to benefit. The development of TNK (Tenecteplase) is also expected to simplify thrombolytic therapy. In recent years, advances in mechanical thrombectomy have greatly improved recanalization rates and functional recovery, offering treatment opportunities for patients with large vessel occlusion within 6 to 24 hours. Looking ahead, stroke treatment is moving toward personalized and precision medicine, integrating AI-assisted imaging interpretation and biomarkers to enhance patient selection and therapeutic outcomes. We are at a pivotal moment in stroke care—time is brain. Early recognition and timely intervention remain critical.