



**INTRACRANIAL HEMORRHAGE IN PATIENTS TREATED WITH CATHETER DIRECTED THROMBOLYSIS**

Moderated Poster Contributions  
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**Background:** Although acute intracranial hemorrhage (ICH) is a rare complication of catheter directed thrombolysis (CDT), it remains a major concern associated with the use of this therapy. The incidence and clinical predictors of developing ICH in the setting of CDT are not known.

**Methods:** The Nationwide Inpatient Sample (NIS) database was used to identify all patients who underwent CDT for the treatment of proximal LE or caval DVT between January 2005 and December 2013 in the United States (US). Multivariate logistic regression was used to identify the clinical predictors of developing ICH among patients treated with CDT.

**Results:** Among 141,258 patients with the principal discharge diagnoses of proximal LE or caval DVT, 7398 (5.2%) patients were treated with CDT. A total of 52 patients developed ICH during the study period (0.7% of all CDT patients). Independent predictors of ICH included male gender (OR 1.8, 95% CI 1.02 - 3.3, p = 0.04), coagulopathy (OR 2.0, 95% CI 0.99 - 3.9, 0.05, p = 0.05), age 51-74 years (OR 2.1, 95% CI 0.99 - 4.5, p = 0.05), chronic kidney disease (CKD): (OR 2.5, 95% CI 1.2 - 5.1, p = 0.02), age over 75 years (OR 4.1, 95% CI 1.7 - 9.7, p < 0.01), and history of stroke (OR 14.7, 95% CI 7.1 - 30.8, p < 0.01), (Figure 1).

**Conclusions:** This nationwide observational study showed that ICH rates are very low in patients undergoing CDT. The patients at highest risk of ICH include those with history of stroke, CKD, age greater than 75 years. Interestingly, ICH rates were noted to be more common in men than in women.

Predictors of ICH in Patients Treated with CDT (2005 - 2013)

