TÜRK KARDİYOLOJİ DERNEĞİ

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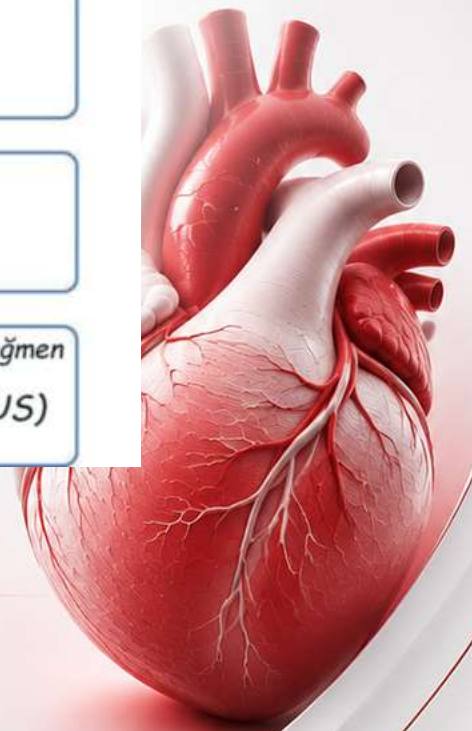
Aritmi Birliği

Kriptojenik İnme

- **Yetersiz tanısal araştırma** nedenli "kaynağı belirlenemeyen embolik inme"
- **Multiple embolik neden** varlığına bağlı "kaynağı belirlenemeyen embolik inme"
- **Standart kapsamlı bir tanısal** değerlendirmeye rağmen "kaynağı belirlenemeyen embolik inme" (ESUS)



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AYIN Çalışması

ASPERA-R çalışmaları

1-**Competing Stroke Etiologies and Outcomes After Breakthrough Ischemic Stroke on Oral Anticoagulants in Patients With Atrial Fibrillation**

2-**Continuation vs Switching Direct Oral Anticoagulant Therapy After Breakthrough Stroke**

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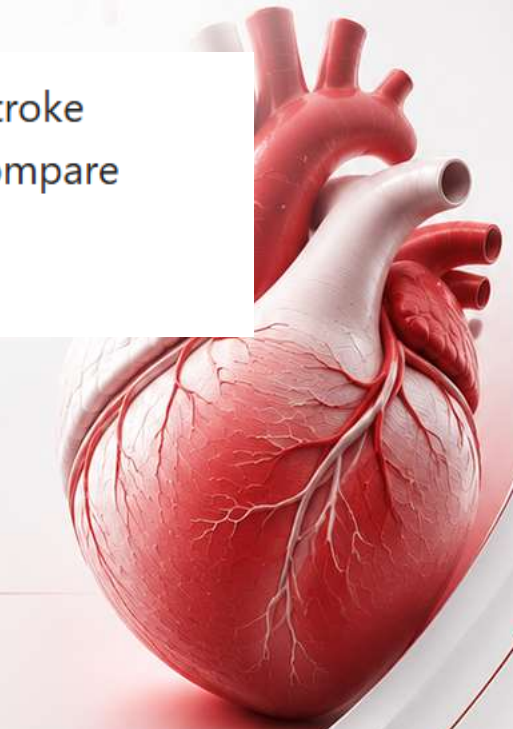
Competing Stroke Etiologies and Outcomes After Breakthrough Ischemic Stroke on Oral Anticoagulants in Patients With Atrial Fibrillation

Background and objectives: Patients with atrial fibrillation (AF) who experience an ischemic stroke despite oral anticoagulation (OAC) face a high risk of recurrence and bleeding. We aimed to compare 90-day outcomes between patients with and without competing stroke etiologies after a breakthrough ischemic stroke while on OAC for AF.



10.1212/WNL.0000000000214758

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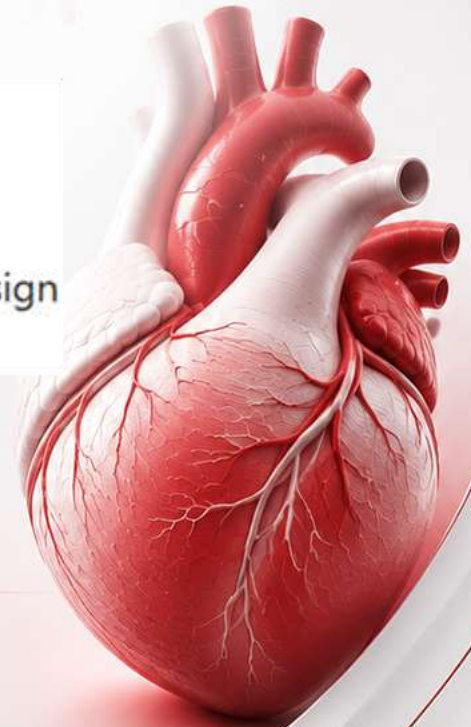
Competing Stroke Etiologies and Outcomes After Breakthrough Ischemic Stroke on Oral Anticoagulants in Patients With Atrial Fibrillation

Discussion One in 4 patients with AF and breakthrough ischemic stroke on OAC had competing etiologies, most often large artery atherosclerosis. These patients showed higher risk of recurrent stroke, functional dependence, mortality, and bleeding, highlighting the need for development of individualized secondary prevention. Main study limitations include observational retrospective design and incomplete data on on-treatment anticoagulation quality.



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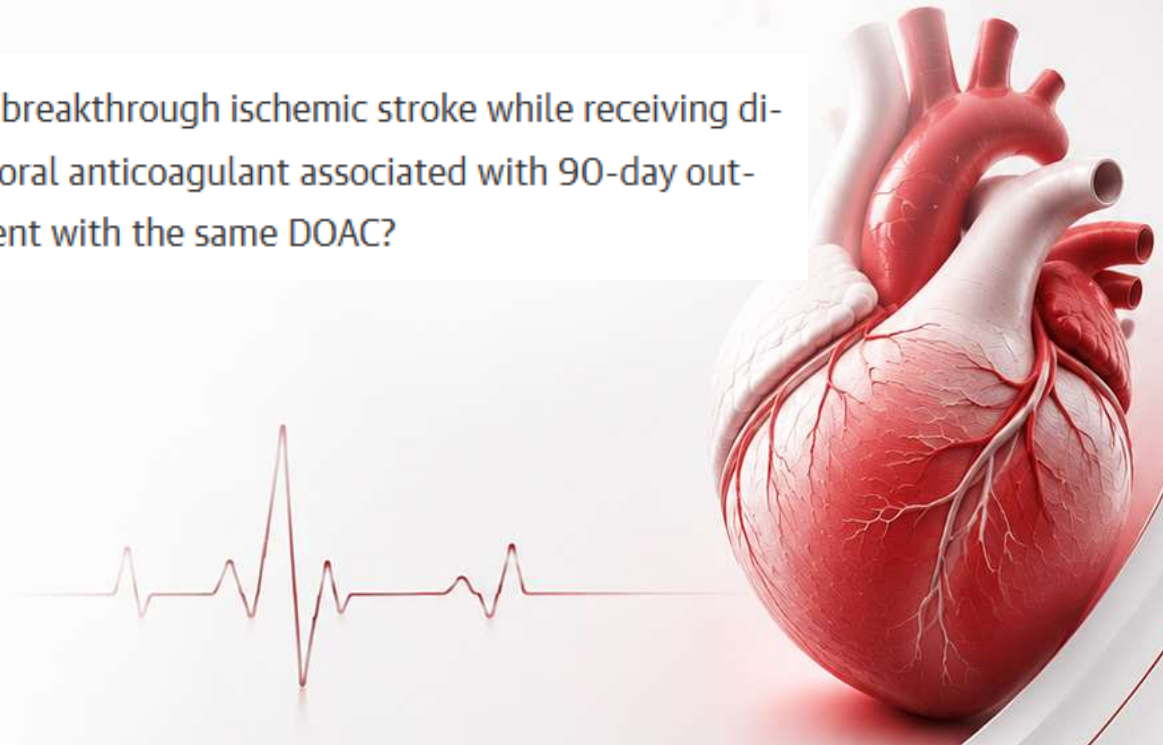
Continuation vs Switching Direct Oral Anticoagulant Therapy After Breakthrough Stroke

Question Among patients with atrial fibrillation experiencing a breakthrough ischemic stroke while receiving direct oral anticoagulant (DOAC) therapy, is switching to another oral anticoagulant associated with 90-day outcomes that are not meaningfully worse than continuing treatment with the same DOAC?



10.1001/jamanetworkopen.2026.9584

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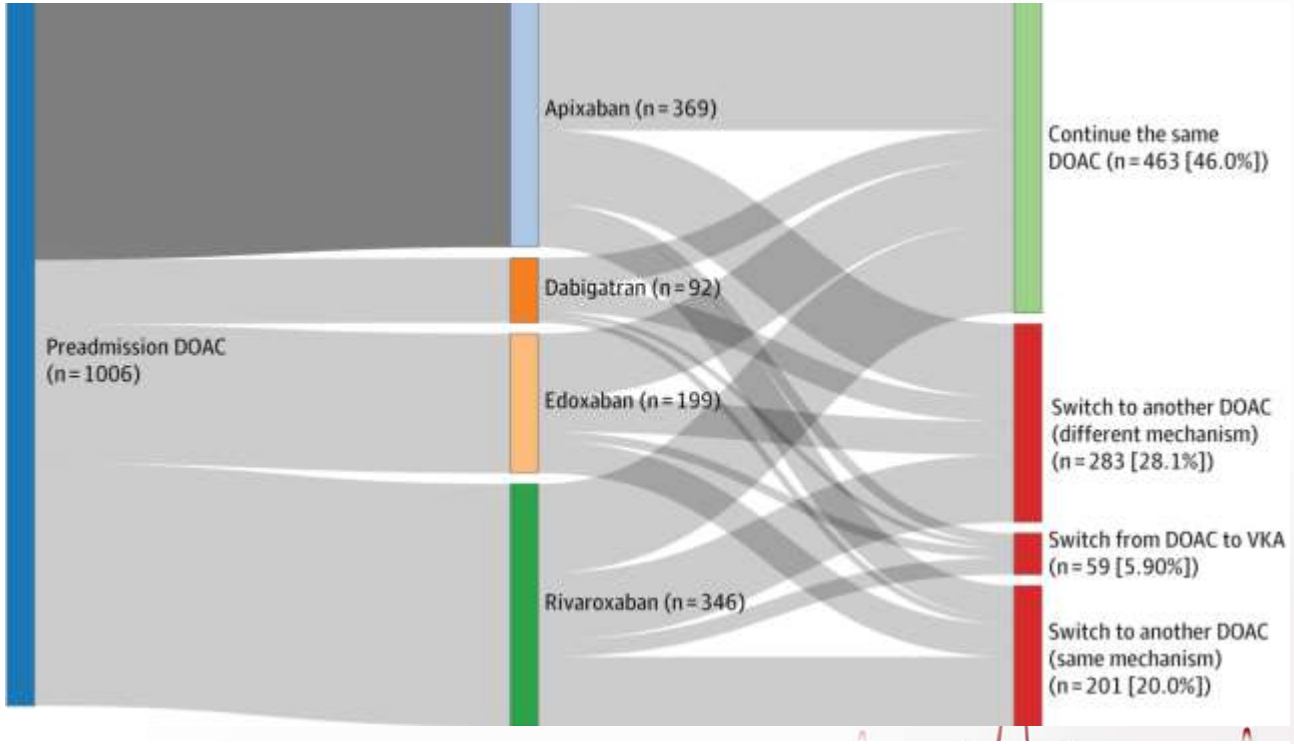
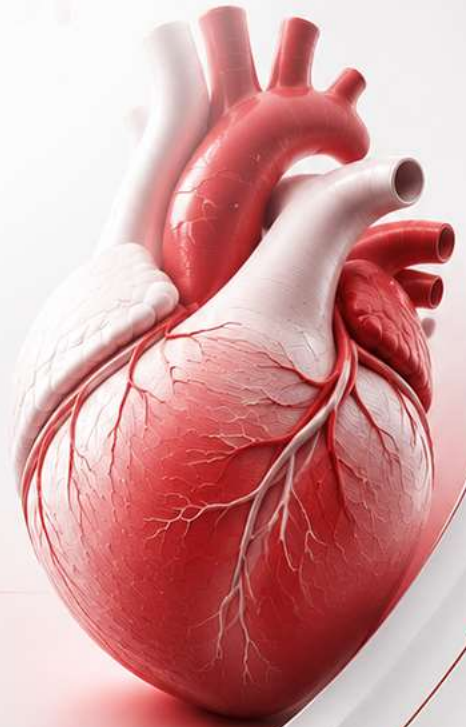
Aritmi Birliği

Continuation vs Switching Direct Oral Anticoagulant Therapy After Breakthrough Stroke



Conclusions and Relevance In patients with breakthrough ischemic stroke during DOAC therapy, switching anticoagulation treatment was not associated with clinically meaningful short-term benefit compared with continuation. These findings suggest that switching does not provide additional benefit compared with continuing treatment with the same DOAC. Randomized clinical trials are needed to identify strategies to improve secondary prevention after a breakthrough ischemic stroke.



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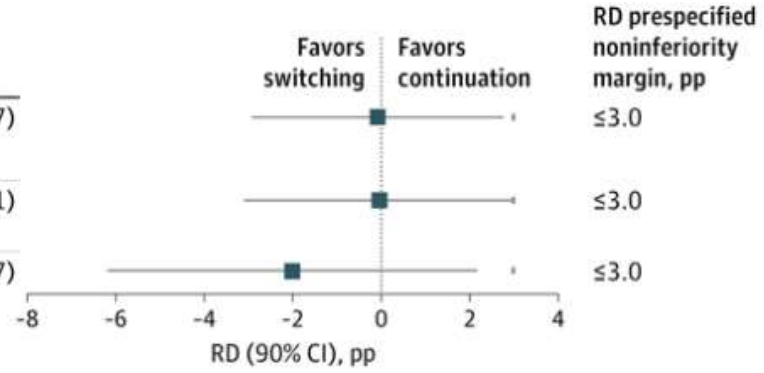
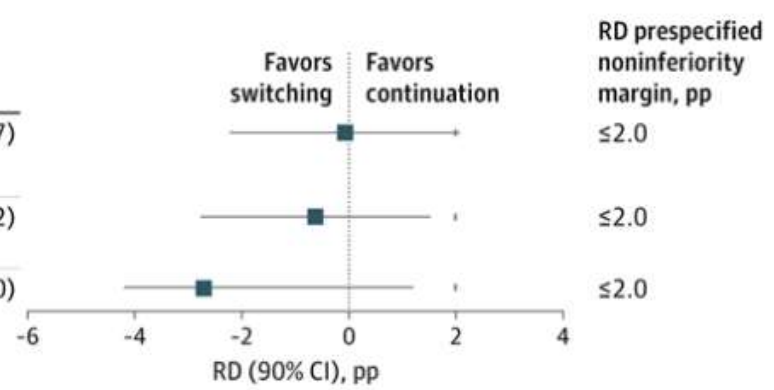
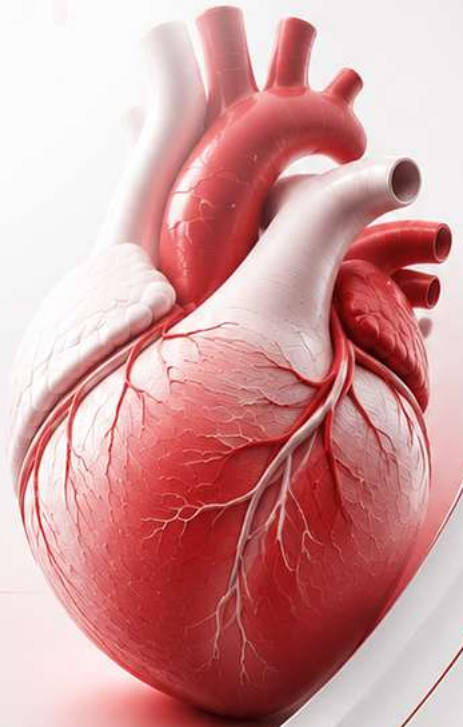
NOAC değişsin mi ?

Strategy	RD (90% CI), pp
Same DOAC vs switch to DOAC (different mechanism)	-0.08 (-2.93 to 2.77)
Same DOAC vs switch to DOAC (same mechanism)	-0.04 (-3.10 to 3.01)
Same DOAC vs switch to VKA	-2.01 (-6.19 to 2.17)



Strategy	RD (90% CI), pp
Same DOAC vs switch to DOAC (different mechanism)	-0.08 (-2.23 to 2.07)
Same DOAC vs switch to DOAC (same mechanism)	-0.62 (-2.77 to 1.52)
Same DOAC vs switch to VKA	-2.71 (-4.20 to 1.20)





10.1001/jamanetworkopen.2026.958