

**Abstract** POSTERS

□ **Towards the SISIFO-PE score: when is stroke related to patent foramen ovale?**

E. SACCHINI\*, D. GIANNANDREA\*, C. PADIGLIONI\*, S. MASTROCOLA\*, C. MARANDO\*, L.M. GRECO\*, A. MATTIONI\*, P. EUSEBI\*, T. MAZZOLI\*, E. MARSILI\*, A. GALLINA\*, E. GALLINELLA\*, I. SICILIA\*, S. CENCIARELLI\*, A. VECCHIO\*\*\*, G. FRANCO\*\*\*, P. POSTORINO\*\*\*, F. GALATI\*\*\*, D. CONSOLI\*\*\*, S. RICCI\*

\* *UO di Neurologia - Centro Ictus, Ospedali di Città di Castello e Gubbio - Gualdo Tadino, USL Umbria 1 (Perugia)*

\*\* *Dipartimento di Epidemiologia, Autorità Regionale della Salute, Regione Umbria*

\*\*\* *UO di Neurologia, Ospedale “G. Jazzolino”, Vibo Valentia*

**OBJECTIVE.** We aimed to evaluate the performance of Risk of Paradoxical Embolism (RoPE) score in SISIFO (Studio Italiano di prevalenza nello Stroke Ischemico di pervietà del Forame Ovale) population. Moreover we wanted to assess our score to stratify cryptogenic stroke by the probability that the stroke was related to Patent Foramen Ovale (PFO).

**METHODS.** Using the dataset of SISIFO study we have calculated in all subjects the RoPE score, but we had to use the Oxfordshire Community Stroke Project (OCSP) classification instead of the item “cortical infarct on imaging” because we had not this data. We evaluated the neuro-imaging of patients enrolled in Vibo Valentia and Città di Castello in order to calculate the real RoPE score and its performance. We did not consider the indeterminate stroke as described in Trial of ORG 10172 in Acute Stroke Treat-

ment (TOAST) classification, but we have extrapolated subjects who met the criteria for Embolic Stroke of Undetermined Sources (ESUS). Finally we plan to calculate a new score.

**RESULTS.** In all ESUS patients the modified RoPE score predicted PFO with a fair accuracy (Area Under Curve: AUC = 0.75, 95% CI = 0.69-0.81). Moreover we found that the prevalence of PFO was higher in ESUS patients with respect to other stroke categories in people aged 40-59 or younger. In older patients we didn't observe any significant increase.

**CONCLUSION.** These results confirm the utility of RoPE score in the clinical setting; furthermore, our modified score show the same effectiveness of the original one. Its independence from neuroimaging facilitates the applicability in non-highly specialised setting.

Corrispondenza: Dr.ssa Elisa Sacchini, UO di Neurologia - Centro Ictus, Ospedali di Città di Castello e Gubbio - Gualdo Tadino, USL Umbria 1, via Luigi Angelini 10, 06012 Città di Castello (PG), tel. 0758-509654-278, fax 0758-509652, e-mail: elisa.sacchini@libero.it  
**LVII Congresso Nazionale SNO, 24-26 maggio 2017, Napoli.**

Atti a cura di Massimo de Bellis e Bruno Zanotti.

Copyright © 2017 by new Magazine edizioni s.r.l., Trento, Italia. www.newmagazine.it

ISBN: 978-88-8041-115-4