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Supplemental material

Association between flat-panel computed tomography hyperattenuation and clinical outcome after successful recanalization by endovascular treatment

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SUPPLEMENTAL DATA

Supplemental table. Comparison of variables between patients with and without flat-panel computed tomography

	FPCT (+) (N=235)	FPCT (-) (N=120)	<i>P</i> -value
Age, years	68.1 (± 13.6)	69.7 (± 12.0)	0.257
Male	118 (50.2)	63 (52.5)	0.683
Hypertension	131 (55.7)	61 (50.8)	0.380
Diabetes	43 (18.3)	26 (21.7)	0.448
Smoking	28 (11.9)	16 (13.3)	0.701
Atrial fibrillation	95 (40.4)	55 (45.8)	0.329
Coronary artery disease	28 (11.9)	15 (12.5)	0.873
Initial NIHSS score	15.0 [7.0; 23.0]	15.0 [8.0; 23.0]	0.147
IV tPA	107 (45.5)	53 (44.2)	0.807
ICA occlusion	91 (38.7)	41 (34.2)	0.401
CT-ASPECTS	8.9 (± 1.3)	8.6 (± 1.7)	0.091
Clinical outcomes			
Favorable outcome*	157 (71.7)	71 (63.4)	0.123
Malignant infarction	17 (7.2)	11 (9.2)	0.523

FPCT = flat-panel computed tomography; NIHSS = National Institute of Health Stroke Scale; IV tPA = intravenous tissue-type plasminogen activator; ICA = internal carotid artery; CT-ASPECTS = Alberta Stroke Program Early CT Score on non-contrast CT before endovascular treatment.

Univariate results are expressed as mean (± standard deviation), the number of patients (%), or median [interquartile range]. *Functional outcome was assessed only in 219 patients with FPCT and in 112 patients without FPCT.