Stroke neurology (Ischemic stroke; care, treatment and neuroprotection)

Ischemic stroke contributes to more 6 million deaths every year, and an estimated 250 million people with stroke related disability has been proposed for year 2035. Advances in the care of ischemic stroke include the use of reperfusion therapy to re-establish blood flow to the areas of brain that are ischemic in acute ischemic stroke patients. Such options include the use of mechanical thrombectomy and recombinant tissue plasminogen activator (or IV rtPA). Telestroke networks have also been established to allow stroke care to be accessible to all geographical locations. While the use of several neuroprotective agents are yet to translate to clinical care, several innovative efforts have been proposed to improve basic and clinical research. This includes robust and collaborative efforts between the preclinical and clinical stroke research community. Such efforts may result in reproducibility of results for improved data that can lead to target validation that may carefully mimics clinical trials. With improvements in stroke care and neuroprotective research, challenges faced by pre-and clinical stroke research may lead to improved translational success. We welcome original submissions from a wide variety of disciplines. Submissions from basic and clinical cases and review articles integrating the following subtopics; markers, genetics, physiology, epidemiology, risk factors, care, treatment, and under-served populations will be considered. While we welcome submissions from a broad range of manuscripts, we are mainly interested in studies that address issues relating to:

- Different research outputs and methods in ischemic stroke
- Stroke care, treatment and clinical outcomes
- Different models of ischemic stroke
- Neuroprotection and treatment of ischemic stroke
- Pathogenesis and pathology of ischemic stroke
- Therapeutic neuroprotection

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