

Systemic thrombolysis has been tried in randomised studies.<sup>30</sup> The results seem to indicate that recanalisation rates exceed those in the placebo group, but they are disappointingly low and the risk of intracranial haemorrhage seems to be increased after treatment.<sup>30</sup> Fibrinolytic treatment still needs to correlate with the clinical benefits of the treatment.<sup>31</sup>

Several studies report the use of local intra-arterial fibrinolysis in stroke.<sup>32-39</sup> They used urokinase, streptokinase, or recombinant tissue plasminogen activator alone or in combination so cannot be compared directly. Evidence suggests that recanalisation rates measured within minutes to hours after treatment range from 40% to 75%; the spontaneous recanalisation rate was 17% in the first few hours in the placebo groups of a small controlled trial of intravenous cerebral fibrinolysis and 40-80% over days in the non-treated groups. The reports seem to indicate that rapid recanalisation is a marker for improved outcome,<sup>32,35</sup> but no study clearly indicates the clinical effectiveness and safety of intra-arterial thrombolysis. Currently, there are no phase III trials underway to address these issues. The correct way to assess this treatment is debatable<sup>40,41</sup> but clearly some form of objective rather than anecdotal approach is necessary to avoid using a treatment that may end up being of little benefit or even harmful to patients.

Central retinal artery occlusion has a poor outcome for patients, but some evidence suggests that thrombolysis can genuinely be valuable.<sup>42</sup> A catheter is placed in or close to the origin of the ophthalmic artery and a thrombolytic solution is perfused into it.

## Conclusions

Interventional neuroradiology offers powerful treatments, whose applications are still being refined. Although the techniques seem to be minimally invasive compared with neurosurgery, they are in fact risky for the patient and their practice has to reflect this.

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## Correction

### Ethics committees: impediments to research or guardians of ethical standards?

A typesetter's error occurred in this short report by Professor Alison E While (9 September, p 661). The table cited in the second paragraph under methods and results was omitted and is reproduced below.

Time taken by 43 district ethics committees to reply to letter seeking ethical approval

	No of committees
Time taken to notify outcome (days):	
1-30	8
31-60	14
61-90	7
>90	10
No notification of outcome	4