

## Special Issue

# Non-Valvular Atrial Fibrillation and Acute Stroke: Prevention and Management

### Message from the Guest Editor

Non-valvular atrial fibrillation (NVAF) incidence increases with age and is a major cause of acute ischemic stroke (AIS), especially in patients  $\geq 65$ . NVAF is also the leading cause of embolic stroke of undetermined source (ESUS), prompting the need for ECG-based screening. NVAF-related AIS has the highest mortality, morbidity, and disability among AIS causes, often due to large-vessel occlusions (LVOs), which complicate reperfusion therapies like thrombolysis or thrombectomy. Despite the widespread use of oral anticoagulants (DOACs/VKAs), NVAF-related AIS persists and is rising, challenging acute management and secondary prevention. In LVO cases, mechanical thrombectomy is preferred, though emerging data support intravenous thrombolysis, including tenecteplase, despite DOAC use. Optimal DOAC timing post-AIS remains debated. Switching DOACs or to VKAs offers no clear benefit and may increase bleeding. Left atrial appendage occlusion (LAAO) appears promising. For OAT-related hemorrhagic stroke, the role of reversal therapy and DOAC resumption remains controversial. This Special Issue welcomes research on prevention, acute care, and outcomes of NVAF-related AIS.

### Guest Editor

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### Deadline for manuscript submissions

closed (18 March 2026)



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