MILD-MT explained: thrombectomy for mild stroke with a large-vessel occlusion

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Short answer: MILD-MT is a randomised trial in the New England Journal of Medicine (19 November 2026 issue) of endovascular therapy for patients with mild stroke, an NIHSS score below 6, caused by an anterior-circulation large-vessel occlusion with a small infarct core and large perfusion mismatch. Among 300 analysed patients in China, 69.4% of the thrombectomy group had an excellent 90-day outcome, against 50.0% with medical management alone, but 13.2% had serious procedural complications. This is a reader summary, not medical advice.

TL;DR The short version

- MILD-MT, in NEJM, tested endovascular therapy for mild stroke (NIHSS under 6) with a large-vessel occlusion, small core and large perfusion mismatch.
- 69.4% of treated patients reached an excellent 90-day outcome against 50.0% of controls; haemorrhage was balanced, but there were procedural complications.
- The finding applies to perfusion-selected patients in Chinese centres; this is a reader summary, not medical advice.

Read online, listen to it, or change the text size: https://blogs.iictp.org/mild-mt-thrombectomy-mild-stroke-large-vessel-occlusion-explained

What is MILD-MT?

Mild strokes with a blocked large vessel are a grey area, because patients look well early but may deteriorate. The question was whether thrombectomy adds benefit over medical management when the deficit is mild but substantial tissue is at risk on perfusion imaging.

How the trial was designed

- Multicentre, open-label, randomised trial in China.
- Inclusion: NIHSS score under 6, anterior-circulation large-vessel occlusion, small infarct core and large perfusion mismatch, within 24 hours of onset or last known well.
- Intervention: endovascular therapy plus medical management. Control: medical management alone.
- Primary outcome: excellent functional outcome, a modified Rankin score of 0 or 1, at 90 days.

Results reported in the abstract

- 304 patients were randomised; 300 were in the modified intention-to-treat analysis (144 intervention, 156 control).
- A score of 0 or 1 at 90 days in 69.4% against 50.0% (odds ratio 2.32; 95% CI 1.41 to 3.81; P<0.001).
- Symptomatic intracranial haemorrhage within 48 hours occurred in 3 patients per group.
- Serious procedure-related complications occurred in 19 patients (13.2%) in the thrombectomy group; one death in the whole trial, in that group.

How to read these results

- Selection by perfusion imaging is central: the finding applies to patients with a small core and large mismatch.
- The harm profile differs from late-window thrombectomy: haemorrhage was balanced here, but procedural complications were not trivial.
- Open-label design means outcome assessment blinding is important.

Limitations and open questions

- Chinese centres only; care pathways elsewhere differ.
- We read the abstract, not the full text or its commentary.
- Which mild-stroke patients benefit most, and the balance against complications, needs more data.

What it means for stroke and imaging teams

If guidelines change, perfusion imaging access and fast triage for mild deficits become a bottleneck. Review how mild strokes are identified and imaged now, and wait for professional guidance before changing protocol.

Frequently asked questions

- **What counts as mild stroke here?** An NIHSS score under 6, per the abstract.
- **What was the main result?** 69.4% had an excellent 90-day outcome with thrombectomy against 50.0% without.
- **Were there harms?** Serious procedural complications occurred in 13.2% of the thrombectomy group; symptomatic haemorrhage was 3 per group.
- **Does it apply to everyone with mild stroke?** No. It applied to patients with specific imaging features.

Related reading

- LATE-MT: thrombectomy 24 to 72 hours after stroke
- Smartwatch hypertension detection
- Responsible AI in practice
- Certified Technical Practitioner

Sources and currency

Sources were read on 23 November 2026. Products, rules and standards change, so check the linked originals before you rely on any detail.

Related credential: Certified Technical Practitioner. Explore the exam facts and syllabus.

Sources and further reading

1. Trial of Endovascular Therapy for Mild Stroke with Large-Vessel Occlusion (MILD-MT). N Engl J Med 2026;395(20):2015-2026. doi:10.1056/NEJMoa2609149. pubmed.ncbi.nlm.nih.gov/42929671.

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