

SUCCESSFUL MECHANICAL THROMBECTOMY FOR BASILAR OCCLUSION IN A PATIENT WITH A 13 HRS ONSET-TO-NEEDLE-TIME

L. Princiotta Cariddi, M. Gallazzi, F. Carimati, M.L. Delodovici, C. Pellegrino*, A. Giorgianni*

Department of Neurology and Stroke Unit, ASST Settelaghi, Varese, Insubria University

*Department of Neuroradiology – ASST Settelaghi, Varese, Insubria University

Introduzione

We describe a patient with fluctuating neurological deficits of ischemic origin and symptoms onset-to-needle-time largely exceeding the limit of the therapeutic window for mechanical thrombectomy (over 6 hours)

Risultati

A 78 year-old man affected by mild Parkinson Disease (H&Y 2) was admitted to the Emergency Room of a Spoke hospital, close to our Center, for dysarthria and transitory loss of consciousness (NIHSS 5). At observation, brain CT scan showed hyperdensity of the Basilar Artery without focal parenchymal lesions.

He was treated with systemic thrombolysis within the 4th hour from symptoms onset with partial recovery (NIHSS = 4, an hour after alteplase start.

Nine hours later (early morning), he underwent sudden neurological deterioration with fluctuating level of consciousness (NIHSS > 25 - GCS 5).

He was then referred to our hospital (Hub) where the brain CT control was unmodified.

Cerebral angiography confirmed the complete occlusion of the middle-distal tract of the Basilar Artery.

A procedure of mechanical thrombectomy was then performed (Stent retriever - Solitaire 4 x 20mm) obtaining complete recanalization of the vessel in only 20 minutes (TICI score 3).

The thrombectomy procedure was performed under general anesthesia and the patient remained in Intensive Care Unit for some days with a slowly progressive improvement of consciousness.

Brain MRI control showed ischemic lesions involving the pons and the middle cerebellar peduncles.

The neurological status (post acute NIHSS 15) showed further improvement, and the patient was discharged from the Stroke Unit a month later (NIHSS 13).

A mRs=3 at 90 days was obtained after an intensive rehabilitation program: the patient can now move upper and lower arms and is able to walk with assistance.

Conclusioni

The case described here and the results obtained are in agreement with a recent report in the literature stressing the possibility of a favourable clinical outcome even when mechanical thrombectomy is performed after an outstanding time interval from symptoms onset

Bibliografia

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