



THROMBOSIS OF A PERFORATING ARTERY SECONDARY TO THE STENOSIS OF THE BASILAR ARTERY

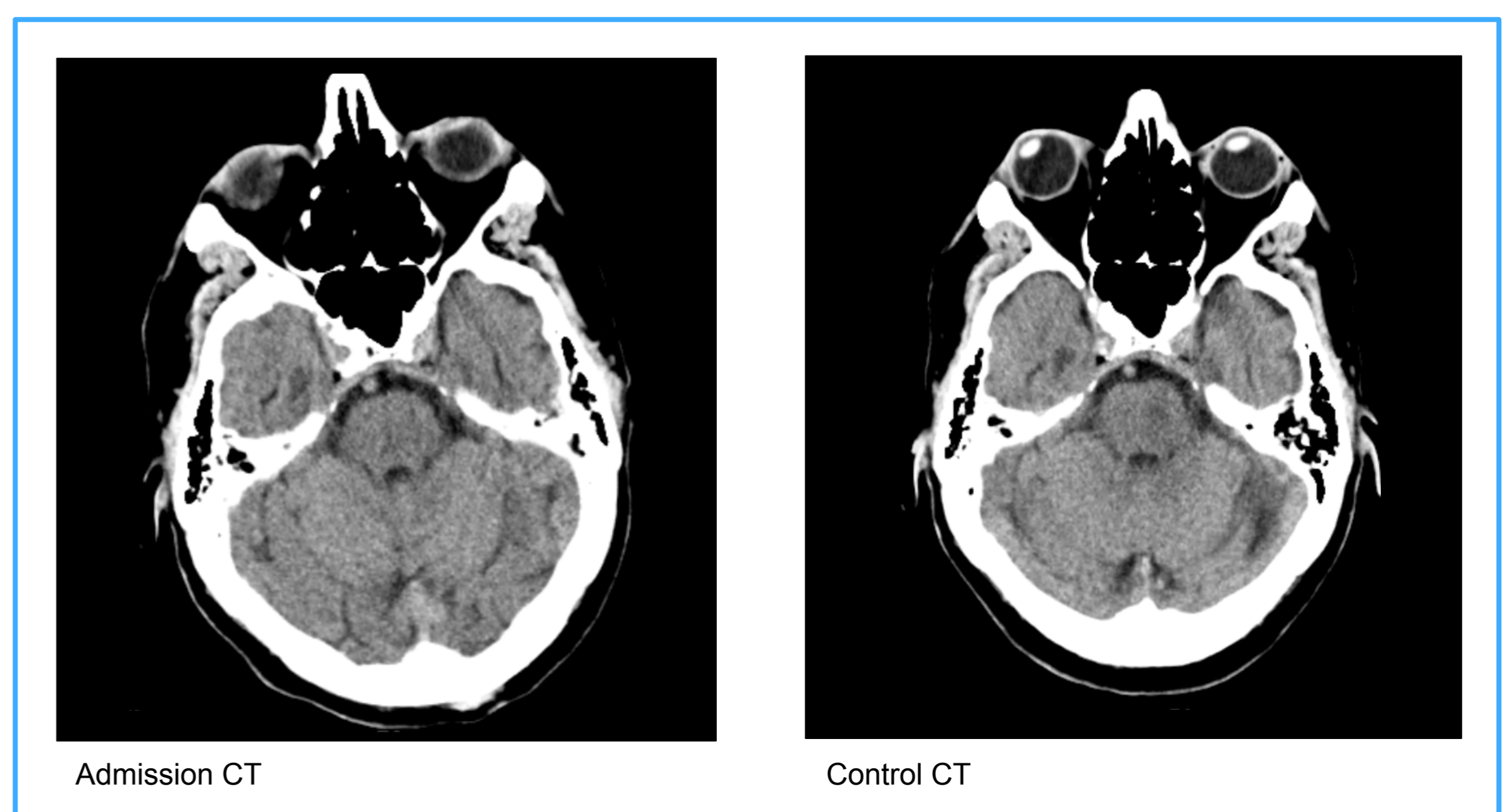
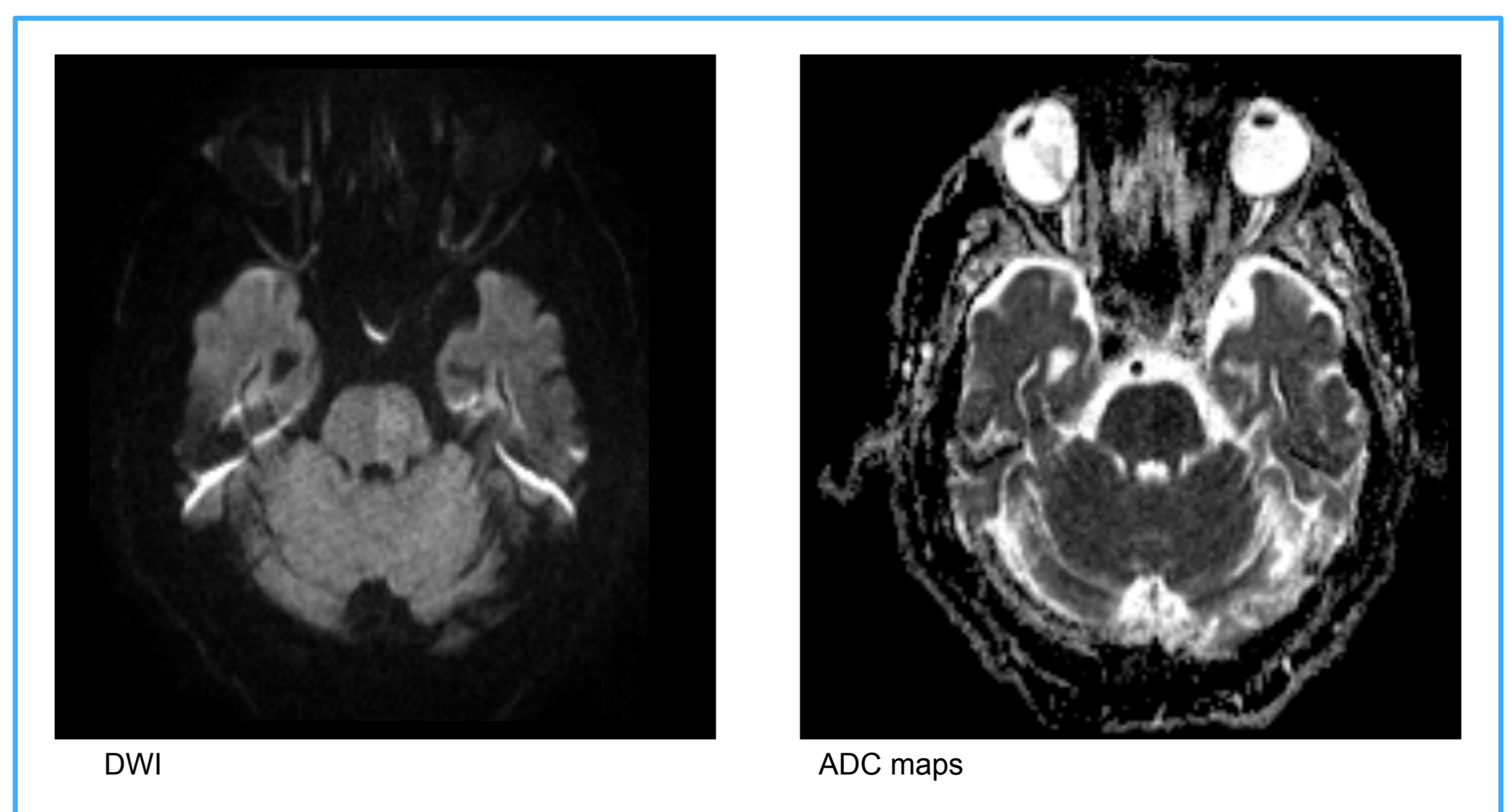
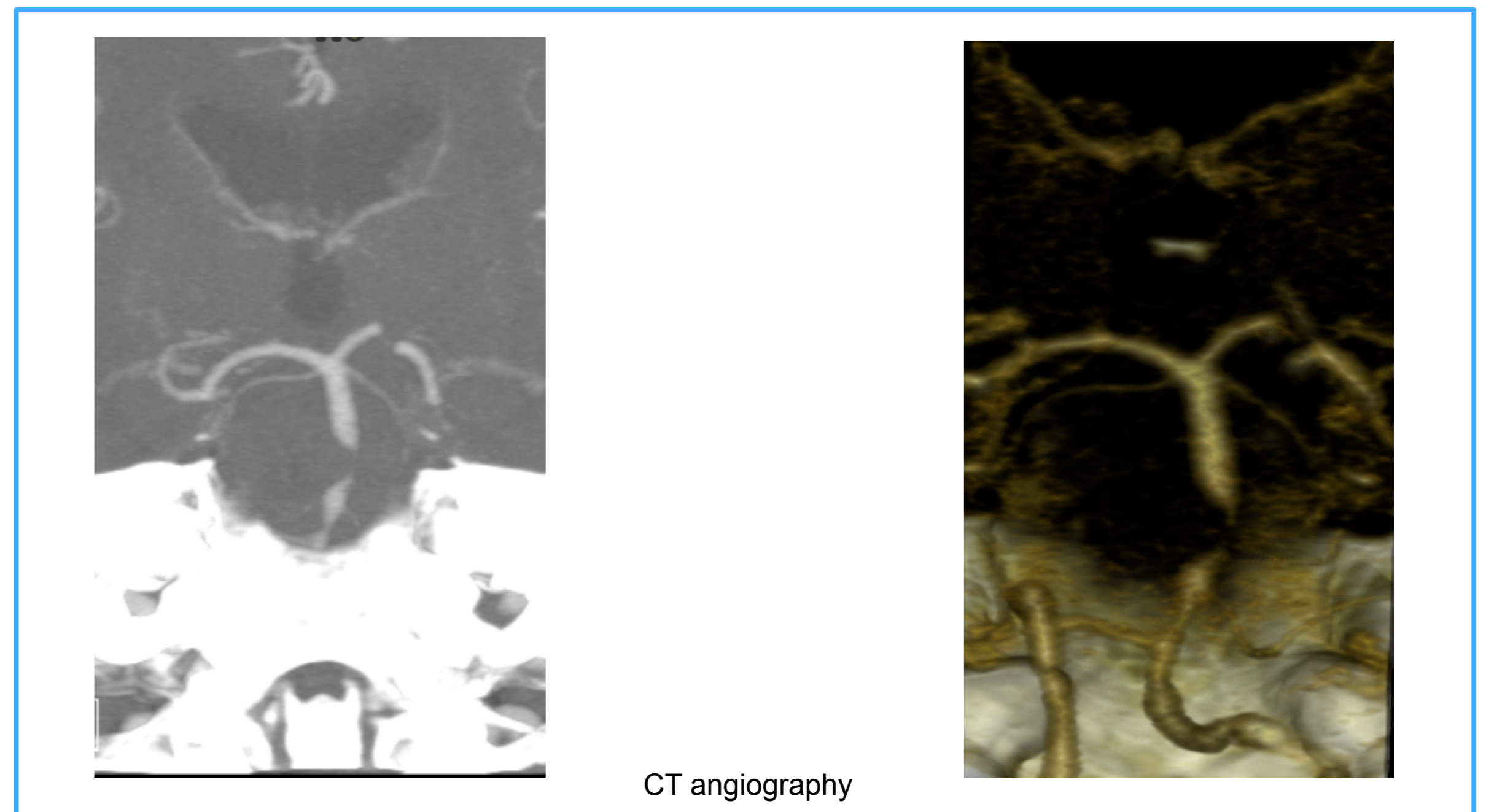


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OBJECTIVE: To describe a patient with a stenosis of the basilar artery associated to an acute thrombosis of a perforating artery.

PATIENT: 76 years old male, suffering from hypertension, hyperlipidemia, MGUS and ascending aortic aneurysm was admitted to our hospital suffering from acute right hemiparesis associated with dysarthria and conjugate gaze palsy with fluctuating trend. Admission National Institutes of Health Stroke Scale (NIHSS) score was 14. At brain CT with CT angiography a severe basilar artery stenosis was detected, no early parenchymal ischemic changes were evident. The patient was treated with i.v. alteplase (0.9 mg/kg) with partial benefit. Acute MRI demonstrated a left paramedian pontine area of altered diffusion. The presence of an ischemic localized area despite the severity of the stenosis suggested that ischemia was secondary to thrombosis of a perforating artery and not directly to the stenosis of the basilar artery. Stenting of basilar artery stenosis in the acute phase was excluded in order to avoid possible worsening of perforating arteries patency at the stenosis level. For secondary stroke prevention therapy with antithrombotic agents (clopidogrel 75 mg and aspirin 100 mg), statins, beta blocker and vitamin integrators (B12 and folate) was started.



RESULTS: two month after the acute event the NIHSS score was 1 (only mild dysarthria). The CT angiography performed 1 month later showed stability of basilar stenosis with good flow downstream. No stenting was required.

CONCLUSION: Our patient achieved good clinical response to medical treatment alone, which also permitted to reduce the risk of recurrent stroke. Stenting of basilar artery stenosis in case of perforating arteries origin involvement could be associated with major periprocedural vascular complications.

References:

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