ACUTE STROKE TREATMENT IN BASILAR ARTERY OCCLUSION PATIENTS.

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BACKGROUND

Acute basilar artery occlusion (BAO) is a relatively infrequent (1% to 4%) form of acute ischemic stroke, but often cause of severe and persisting neurological deficit and high mortality rate (to 86%) without recanalization [1]. Frequently, the diagnosis is delayed because of unusual first clinical presentation, like dizziness (67%), ataxia (52%), headache and/or neck pain (43%), nausea and/or vomiting (38.1%), and generalized weakness (29%) [2]. For its potentially debilitating outcome, BAO has been managed aggressively with revascularization therapies up to 12–24 hours after symptom onset [3].

MATERIALS AND METHODS

We report the experience of our Stroke Unit since february 2014 to april 2016.
9 patients (5 F, 4 M; median age 66) with BAO Undergone to:
- neurological investigation;
- neuroimaging (brain CT/RM, angiography, U.S.)
- different revascularization methods:
    - i.v. thrombolysis (IVT) and/or
    - i.a. thrombolysis (IAT) with r-TPA and/or
    - mechanic thrombectomy (IA-MT) with or without BA stenting (BAS);
We calculated:
- time window (tW) between symptoms onset and treatment
- difference between NIHSS at patients entrance and at discharge from Stroke Unit (ΔNIHSS)

RESULTS

1) IVT,   tW 3 hours,   ΔNIHSS 9;
2) IVT + IAT,   tW 4 hours,   ΔNIHSS 5;
3) IA-MT,   tW 6 hours,   ΔNIHSS 12;
4) IA-MT,   tW 10 hours,   ΔNIHSS 6;
5) IVT + IA-MT,   tW 4 hours,   ΔNIHSS 2;
6) IA-MT + BAS,   tW 7 hours,   ΔNIHSS 5;
7) IA-MT + BAS,   tW 5 hours,   ΔNIHSS 2;
8) IAT + IA-MT,   tW 11 hours,   ΔNIHSS 11;
9) no treatment, time of hospitalization 15 hours, patient death.

CASE 8

F 51 y.o.; GCS: 8; NIHSS: 13; Symptoms onset 06:30 AM

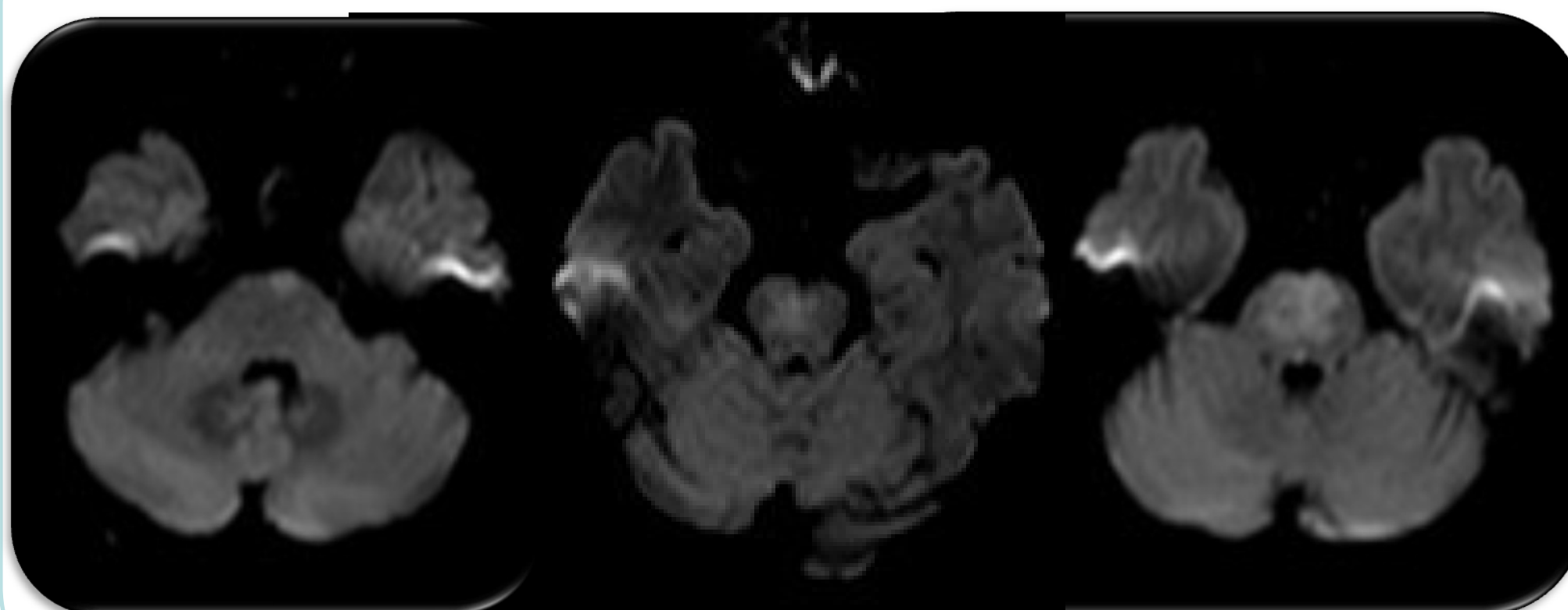**FIGURE 1:** Brain RM –DWI at 16:45 (10:15 hours)

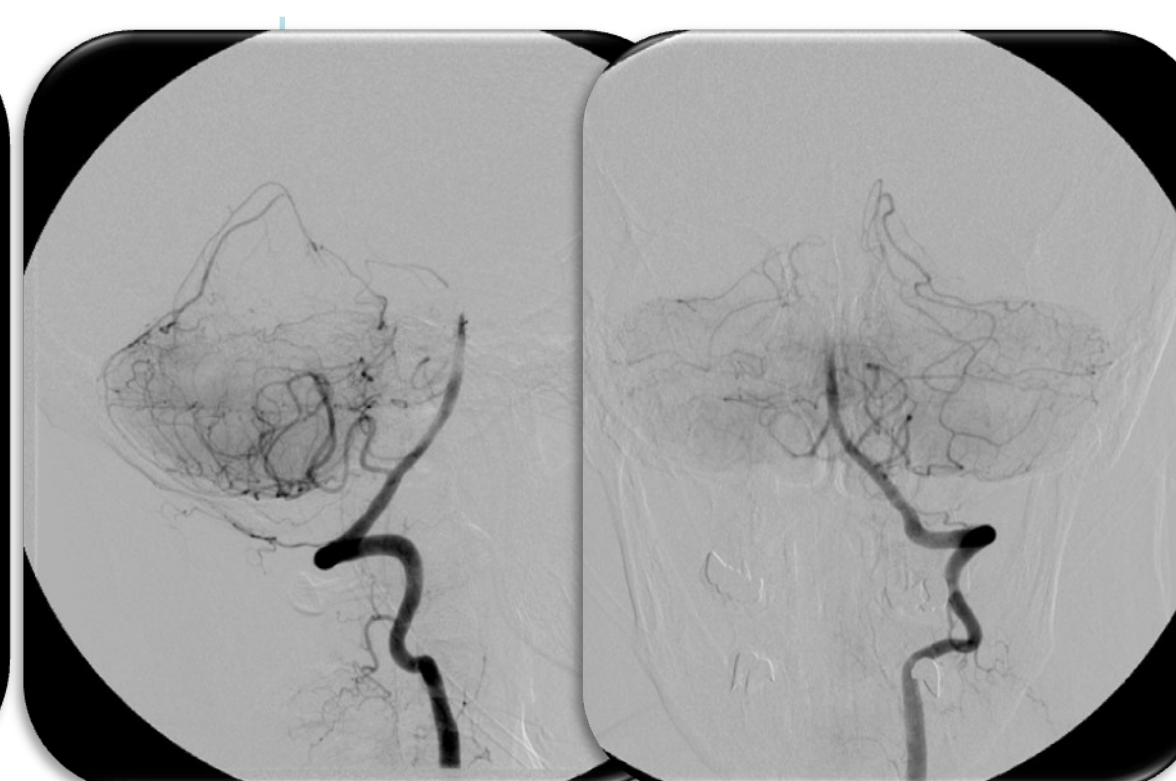**FIGURE 2:** BAO at Angiography at 17:00 PM

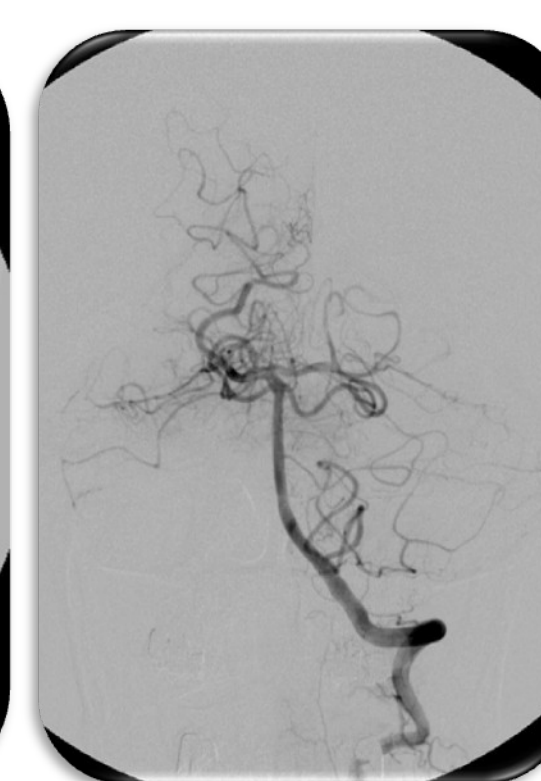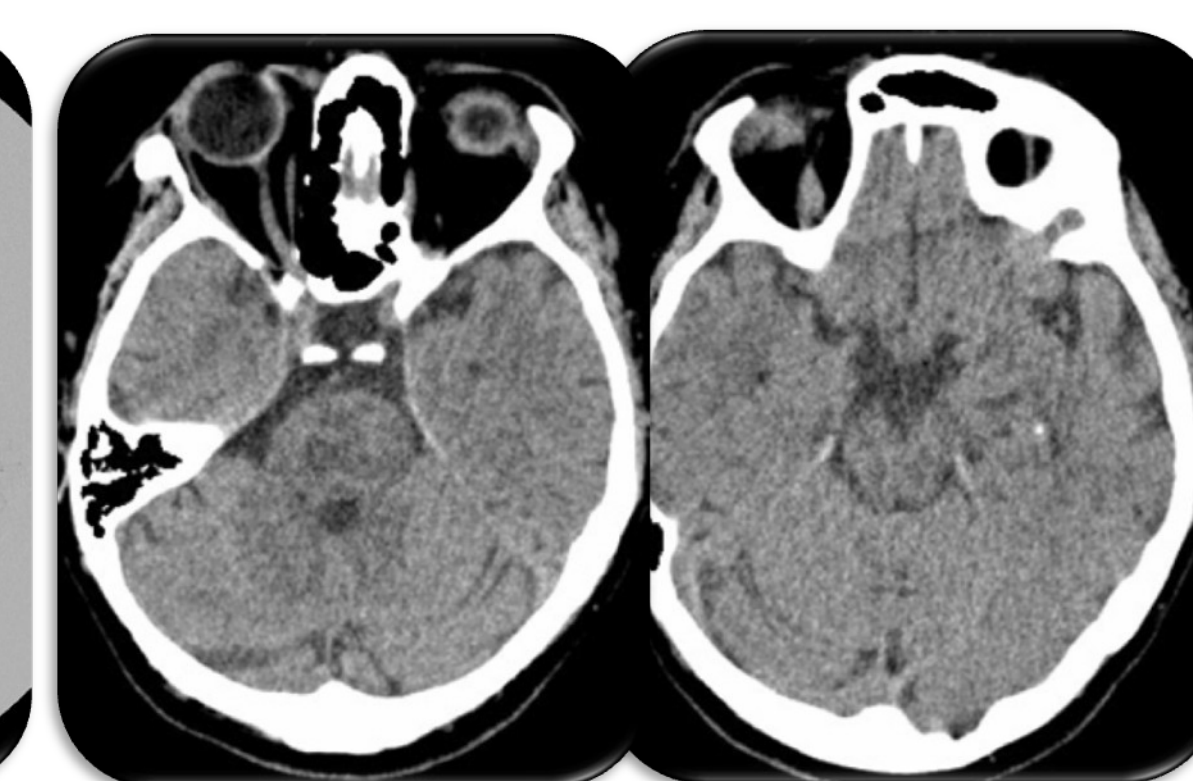**FIGURE 3:** Revasculation after IAT+IA-MT

FIGURE 4: CT scan at 24 h NIHSS:2; GCS: 15

CONCLUSION

Our results show, like reported in literature, the effectiveness of reperfusion treatment in patients with BAO also over the conventional therapeutic time window.

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3. [3]Lindsberg PJ, Pekkola J, Strbian D, Sairanen T, Mattle HP, Schroth G. Time window for recanalization in basilar artery occlusion: Speculative synthesis. Neurology. 2015 Nov 17; 85(20):1806-15.