

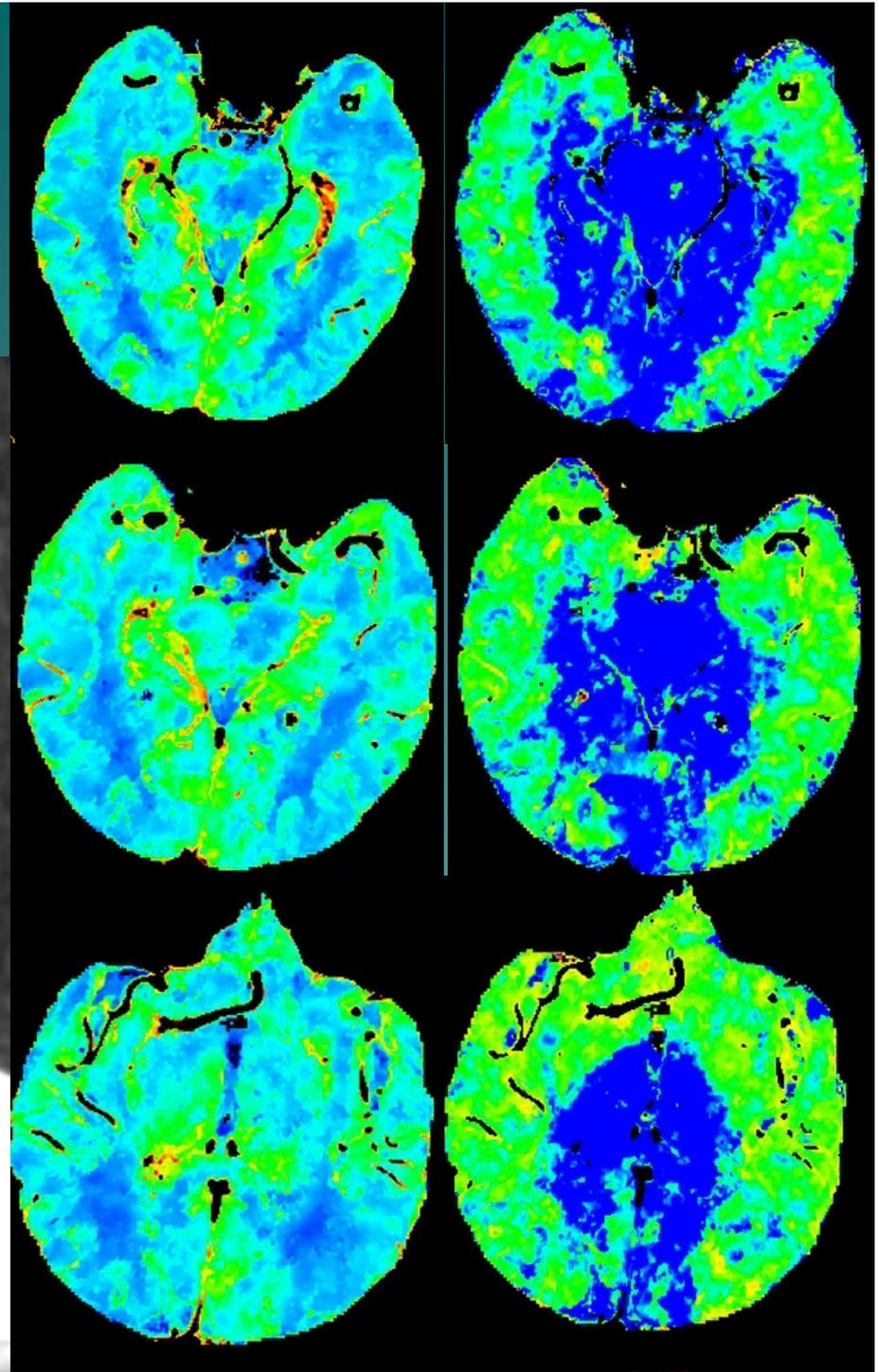
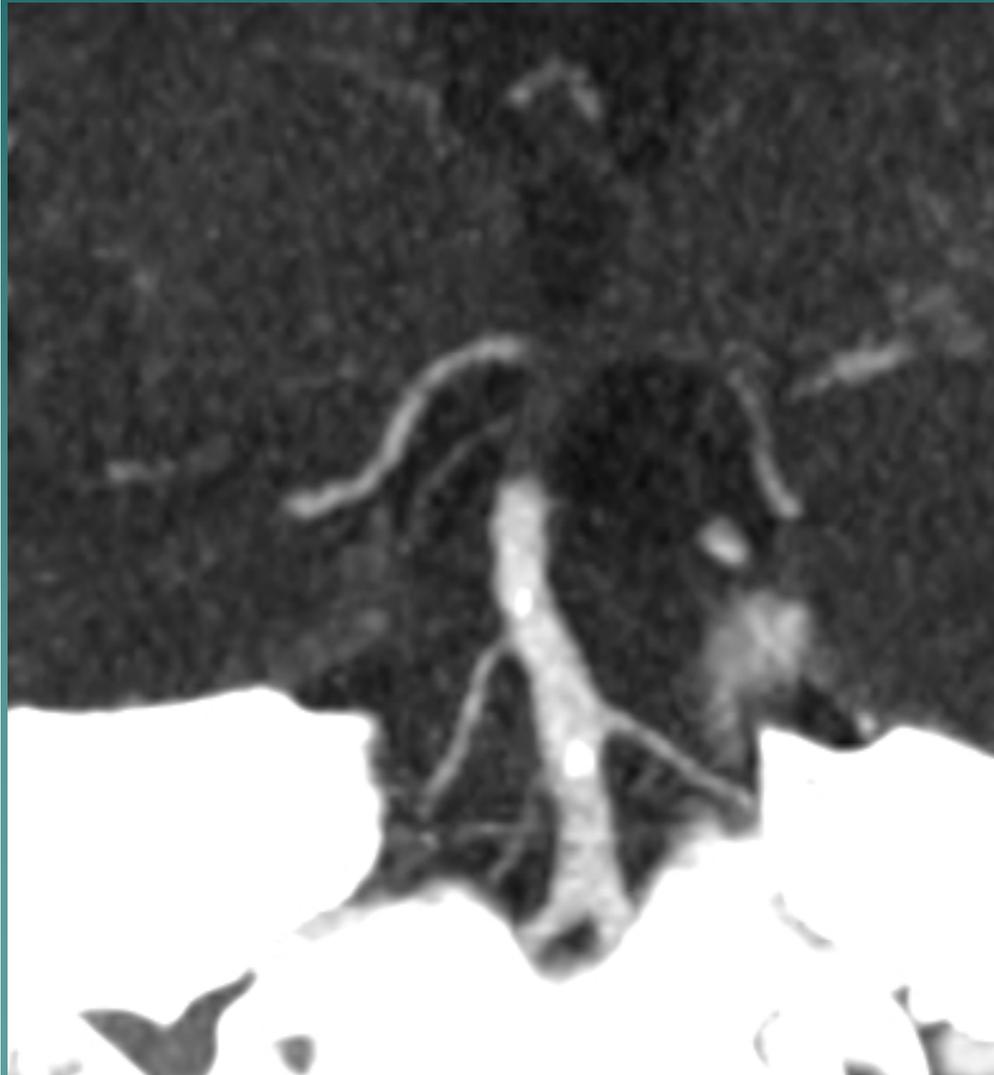
Ictus de arteria basilar

Ictus de arteria basilar

- ◆ Antecedentes clínicos:
- ◆ Mujer 68 años
- ◆ Cefalea,
- ◆ Pérdida de conciencia.
- ◆ Pupilas mióticas.
- ◆ GSC 7.
- ◆ Se activa Código Ictus.
- ◆ Tc Multimodal.

Ictus basilar

Angio Tc : Oclusión de la
arteria basilar distal.
Perfusión Tc: Penumbra del
territorio vertebrobasilar
distal.



Ictus basilar

- ◆ Arteriografía cerebral.
- ◆ Cateterismo selectivo arteria vertebral izquierda.
- ◆ Oclusión distal de la arteria basilar .



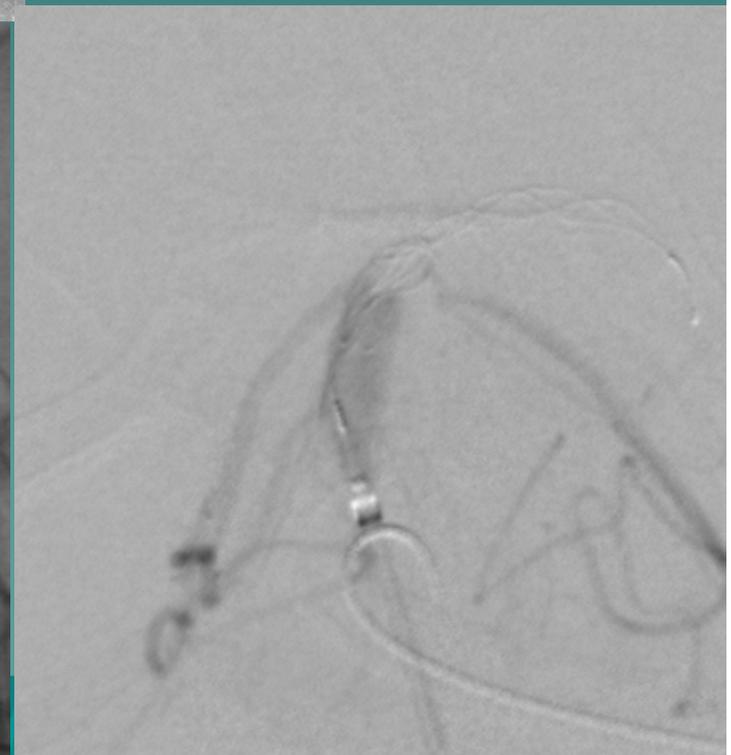
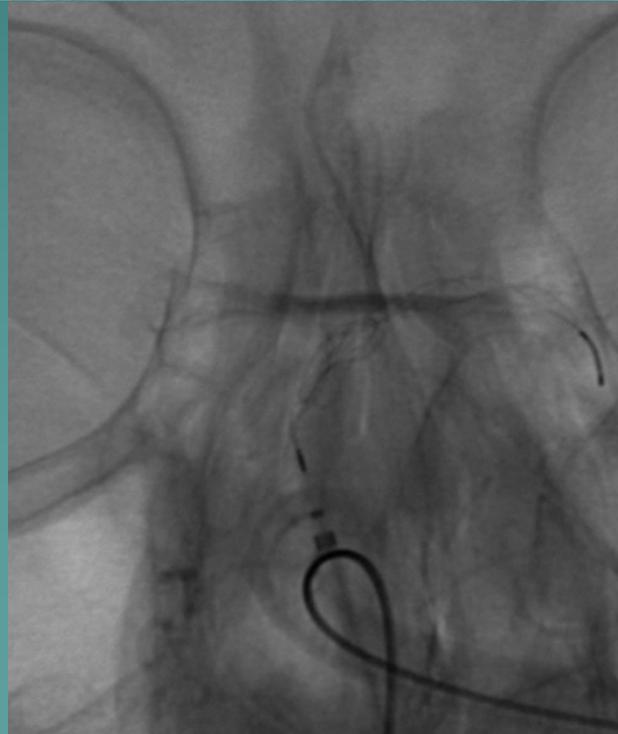
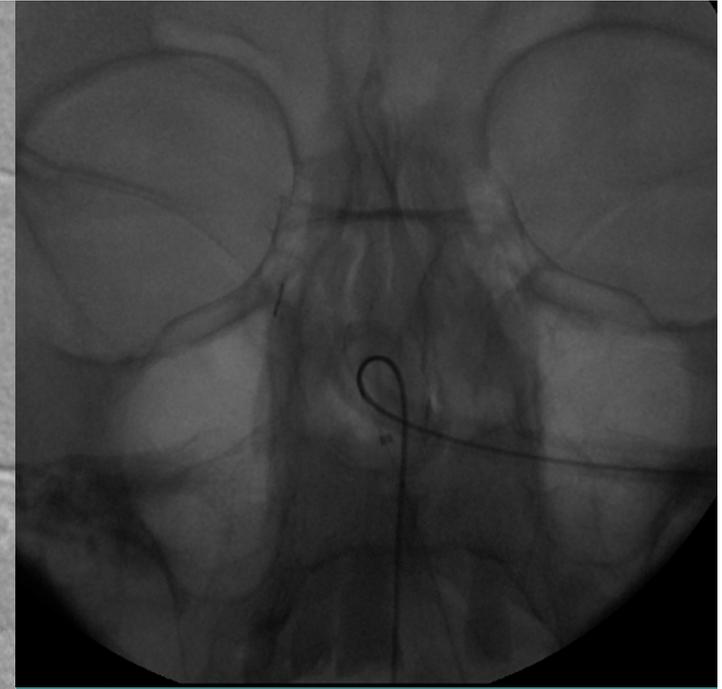
Ictus basilar

- ◆ Arteriografía selectiva de la arteria vertebral izquierda ,oclusión distal de la arteria basilar .
- ◆ Cateterismo selectivo.
- ◆ Catéter Dac 0,44.
- ◆ Microcatéter Trevo.
- ◆ Trevo Pro Vue 4 x 20 mm.
- ◆ Resultado angiográfico luego del primer pase de dispositivo.



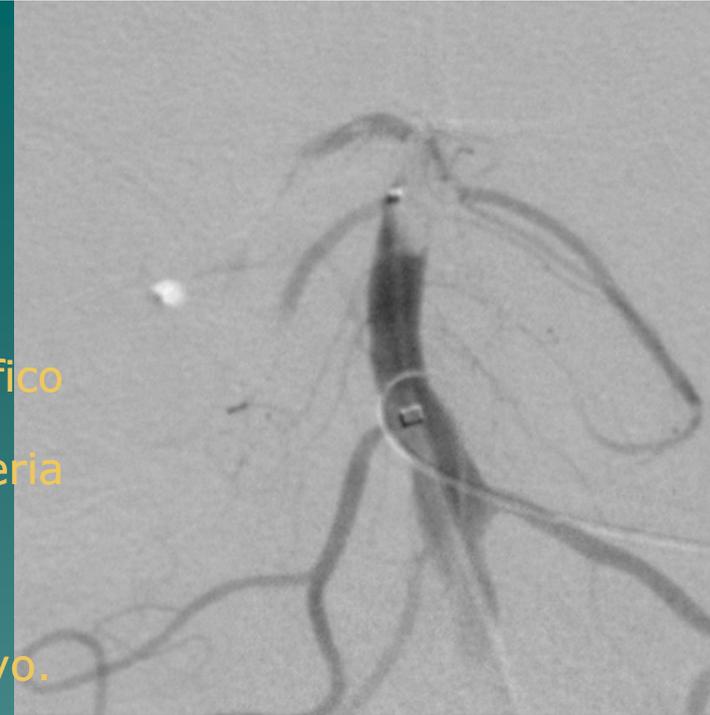
Ictus basilar

- ◆ Arteriografía selectiva de la arteria vertebral izquierda ,oclusión distal de la arteria basilar .
- ◆ Cateterismo selectivo.
- ◆ Catéter Dac 0,44.
- ◆ Microcatéter Trevo.
- ◆ Trevo Pro Vue 4 x 20 mm.
- ◆ Dispositivos en arteria basilar y ambas arterias cerebrales posteriores



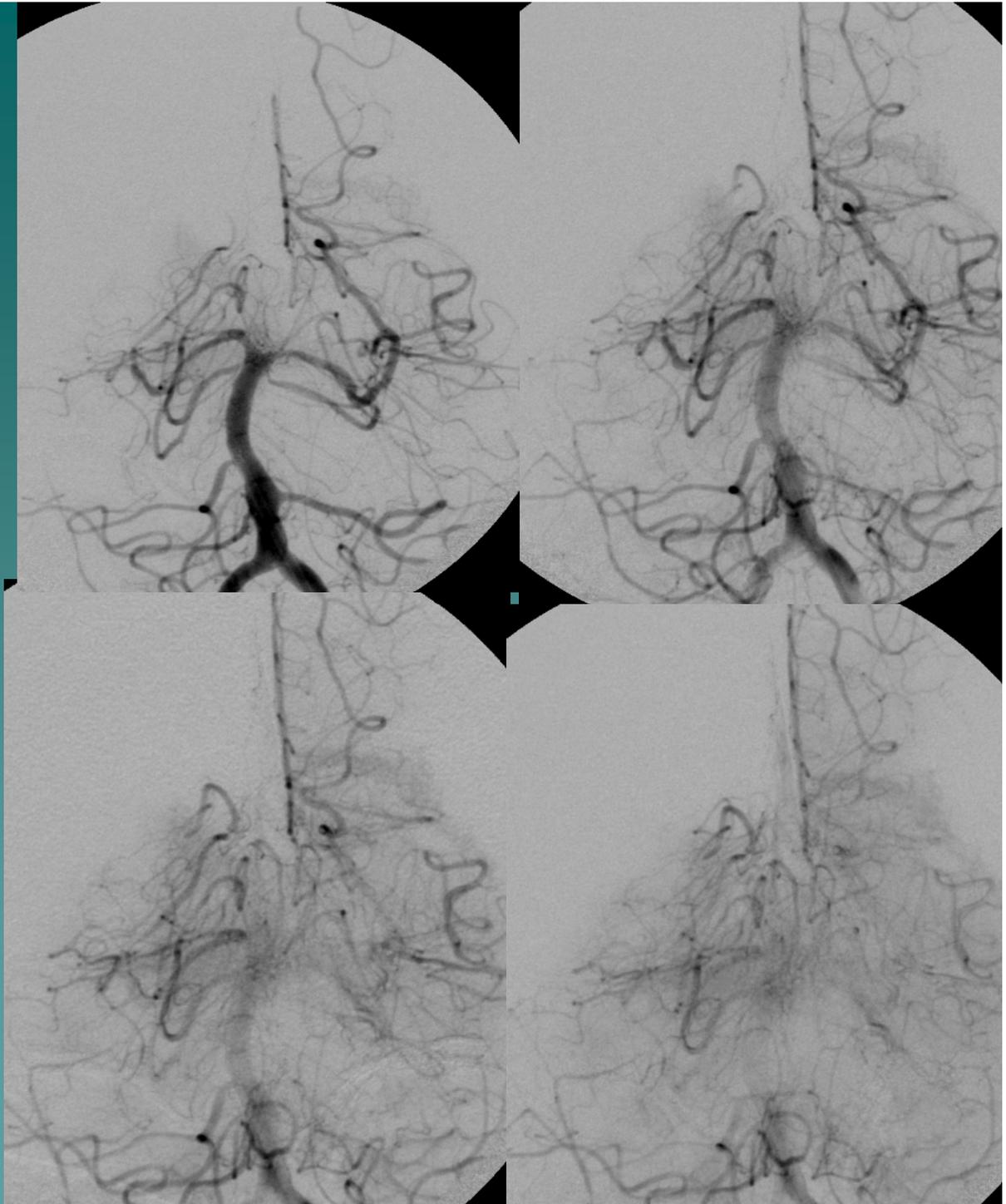
Ictus basilar

- ◆ Resultado angiográfico tras pases de dispositivos en arteria basilar y ambas arterias cerebrales posteriores.
- ◆ Cateterismo selectivo.
- ◆ Catéter Dac 0,44.
- ◆ Microcatéter Trevo.
- ◆ Trevo Pro Vue 4 x 20 mm.



Ictus basilar

Resultado angiográfico final
tras 5 pases de dispositivos en
arteria basilar y ambas arterias
cerebrales posteriores.



Article

Mechanical thrombectomy as the primary treatment for acute basilar artery occlusion: experience from 5 years of practice.



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[Journal of neurointerventional surgery](#) (Impact Factor: 1.38). 03/2012; DOI: 10.1136/neurintsurg-2011-010096

Source: [PubMed](#)

ABSTRACT BACKGROUND: Most studies of the treatment for acute basilar occlusion focus on intravenous or intra-arterial thrombolysis whereas data on mechanical thrombectomy as the preferred treatment for acute basilar occlusion are scarce. In this study, data are presented on 28 patients treated with mechanical thrombectomy as the preferred treatment for basilar artery occlusion.

METHODS: Retrospective study comprising all patients who were treated for acute basilar occlusion at the Karolinska University Hospital from September 2005 to November 2010. Favorable outcome was defined as a modified Rankin score of ≤ 2 at 3-8 months after thrombectomy.

RESULTS: Of 28 patients treated with mechanical thrombectomy, the proportion reaching a favorable outcome was 57% (95% CI 37% to 75%), and if there were no signs of acute infarction prior to treatment the proportion was 73% (95% CI 50% to 89%). Only 21% died (95% CI 8% to 41%).

CONCLUSIONS: The results for mechanical thrombectomy for basilar artery occlusion were superior to those presented previously for intravenous and intra-arterial thrombolysis. The study suggests that mechanical thrombectomy is a method distinct from therapies based on thrombolysis and that any randomized clinical trial on treatment for acute basilar occlusion must consider mechanical thrombectomy as a separate entity.

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Mechanical Thrombectomy with Stent Retrievers in Acute Basilar Artery Occlusion

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Abstract

BACKGROUND AND PURPOSE: Basilar artery occlusion remains one of the most devastating subtypes of ischemic stroke. The prognosis is poor if early recanalization is not achieved. The purpose of this study was to evaluate the safety and technical feasibility of self-expanding retrievable stents in the endovascular treatment of acute basilar artery occlusion.

MATERIALS AND METHODS: Twenty-four patients with acute basilar artery occlusion were treated with Solitaire FR or Revive SE devices between December 2009 and May 2012. Additional treatment included intravenous and/or intra-arterial thrombolysis (21/24) and percutaneous transluminal angioplasty/permanent stent placement (7/24). Recanalization was assessed by means of the TICI score. Clinical outcome was determined at discharge (NIHSS), and at 3 months (mRS).

RESULTS: Median NIHSS score on admission was 24; median duration of symptoms was 254 minutes. Successful recanalization (TICI 2b +3) by thrombectomy only was achieved in 18 patients (75%). Intracranial stent deployment after thrombectomy caused by underlying atherosclerotic stenosis was performed in 7 patients. If these patients with intracranial stent placement are included, successful recanalization was achieved in 21 of 24 patients (87.5%). NIHSS improvement ≥ 10 points was reached in 54% of patients ($n = 13/24$). Mortality during the first 3 months was 29% (7/24). After 3 months, 8 patients (33%) had a favorable clinical outcome (mRS 0–2).

CONCLUSIONS: In our series, application of self-expanding retrievable stents in acute basilar artery occlusion resulted in a high recanalization rate without procedural complications and good clinical outcome in one-third of patients.