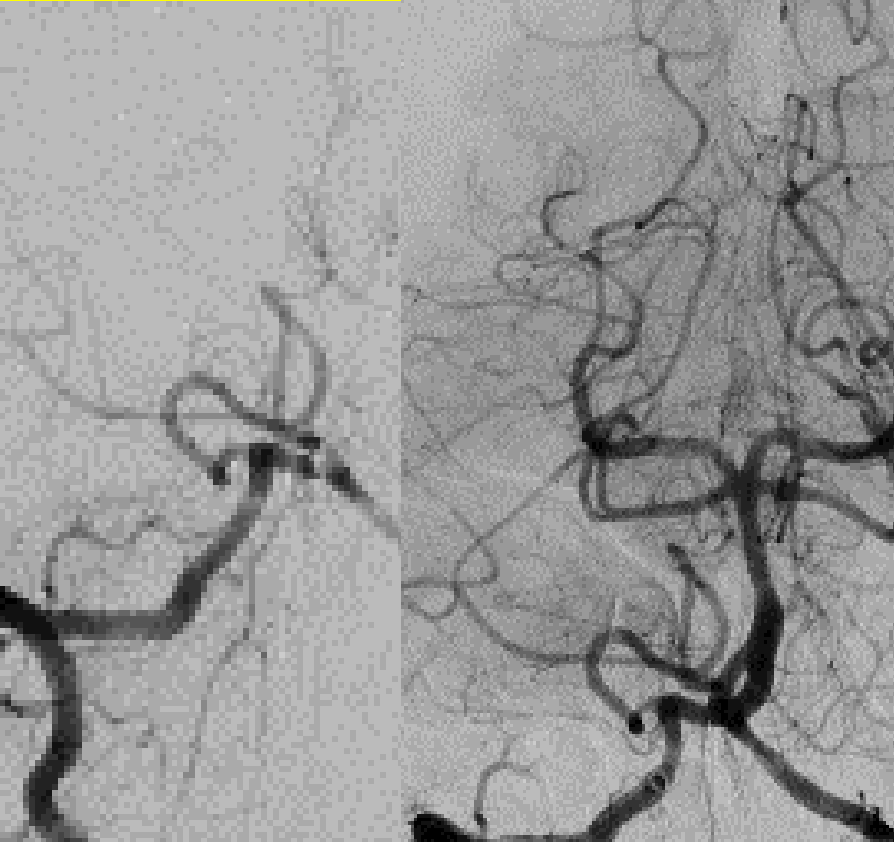


Ictus isquémico agudo  
 Oclusión de la arteria basilar.  
 Nihss 20 .  
 Trombectomía mecánica con stentriever-  
 aspiración distal.  
 1 pase con recanalización completa.



RESEARCH SUMMARY

Endovascular Therapy for Stroke Due to Basilar-Artery Occlusion

Langezaal LCM et al. DOI: 10.1056/NEJMoa2030297

**CLINICAL PROBLEM**  
 Basilar-artery occlusion, which accounts for approximately 10% of all ischemic strokes caused by intracranial proximal large-vessel occlusion, is associated with high morbidity and mortality. The effectiveness of endovascular therapy in patients with stroke caused by basilar-artery occlusion has not been well studied.

**CLINICAL TRIAL**  
 Design: A multicenter, open-label, international, randomized, controlled trial with blinded outcome assessment.

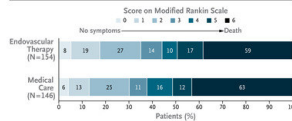
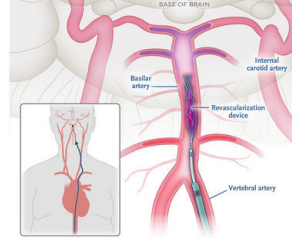
Interventions: 300 patients were assigned within 6 hours after the estimated time of onset of a stroke due to basilar-artery occlusion, in a 1:1 ratio, to receive endovascular therapy or standard medical care. The primary outcome was a favorable functional outcome (a score of 0 to 3 on the modified Rankin scale; range, 0 to 6, with 0 indicating no disability, 3 indicating moderate disability, and 6 indicating death) at 90 days.

**RESULTS**  
**Efficacy** Approximately 80% of patients in each group received intravenous thrombolysis. The results did not show a significant difference in favorable functional outcome between the two groups, but the width of the confidence interval may not exclude a benefit of endovascular therapy.

**Safety** Symptomatic intracranial hemorrhage occurred in 4.5% of the patients after endovascular therapy and in 0.7% of those after medical therapy (risk ratio, 6.9; 95% CI, 0.9 to 53.0). There was no significant difference in mortality at 90 days.

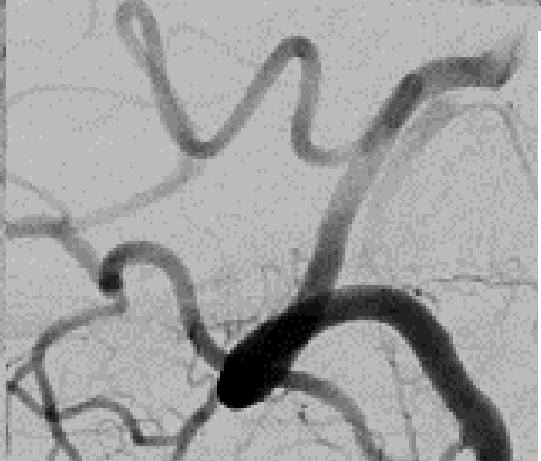
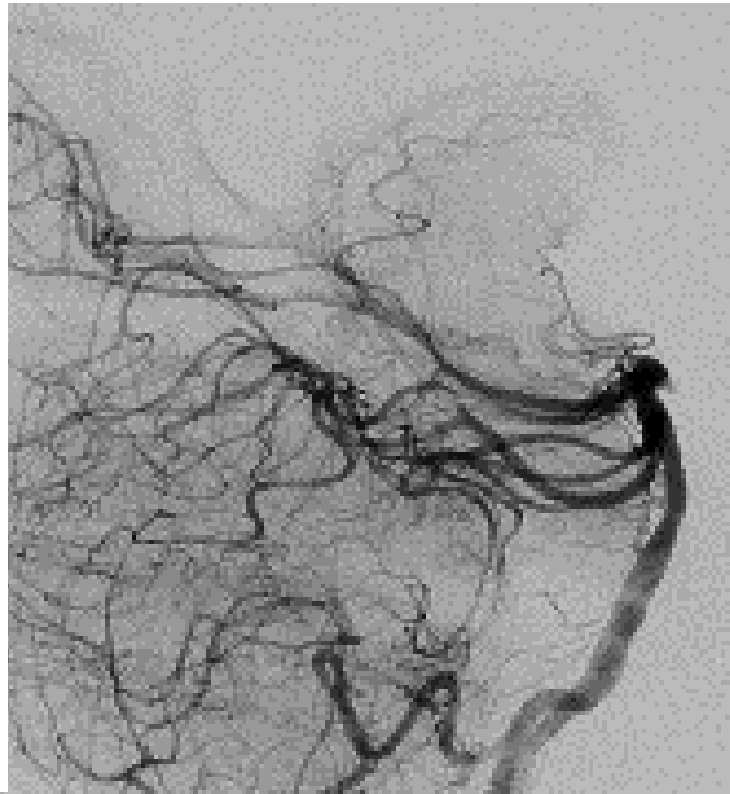
- LIMITATIONS AND REMAINING QUESTIONS**
- Larger trials are needed to determine the efficacy and safety of endovascular therapy for basilar-artery occlusion.
  - Recruitment of patients for trials of treatment for basilar-artery occlusion is difficult.
  - Recruitment was lower than anticipated, so the trial was underpowered for some analyses, including subgroup analyses.

Links: Full article | NEJM Quick Take | Editorial



Outcomes	Endovascular Therapy (N=154)	Medical Care (N=146)	Risk Ratio, Common Odds Ratio, or Mean Difference (95% CI)
Primary outcome at day 90 (Modified Rankin scale score <=3)	44.2%	37.3%	1.18 (0.92 to 1.50)
<b>Serious adverse events</b>			
Symptomatic intracranial hemorrhage <=3 days after initiation of treatment	4.5%	0.7%	
Malignant brain edema	11.0%	4.8%	
Subarachnoid or intraventricular hemorrhage on CT at 24 hr	4/129	1/115	

**CONCLUSIONS**  
 In patients with basilar-artery occlusion, endovascular therapy and medical therapy were not significantly different with respect to a favorable functional outcome.



Should we Consider Endovascular Therapy for Acute Basilar Artery Occlusion?

