

ICTUS ISQUÉMICO AGUDO TROMBO EN T CAROTÍDEA

Inicio súbito.

Afasia.

Parálisis facial.

Trastornos motor en hemicuerpo
derecho.

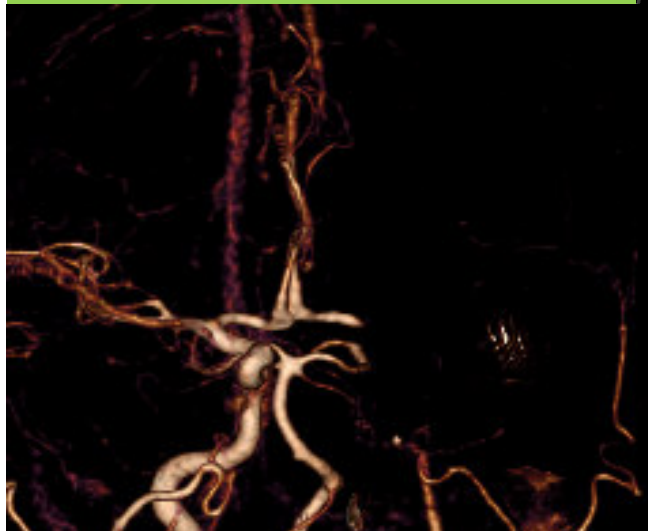
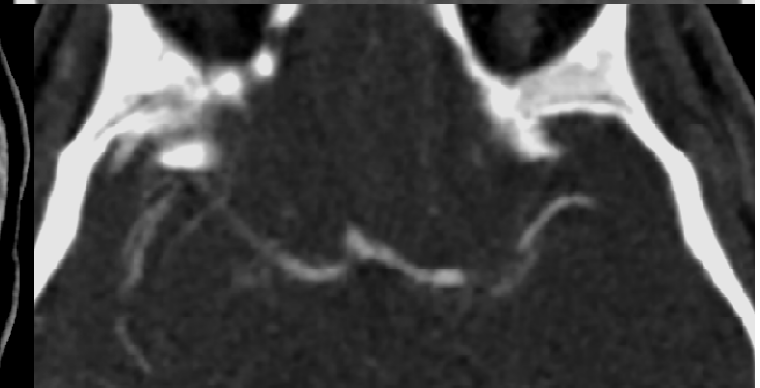
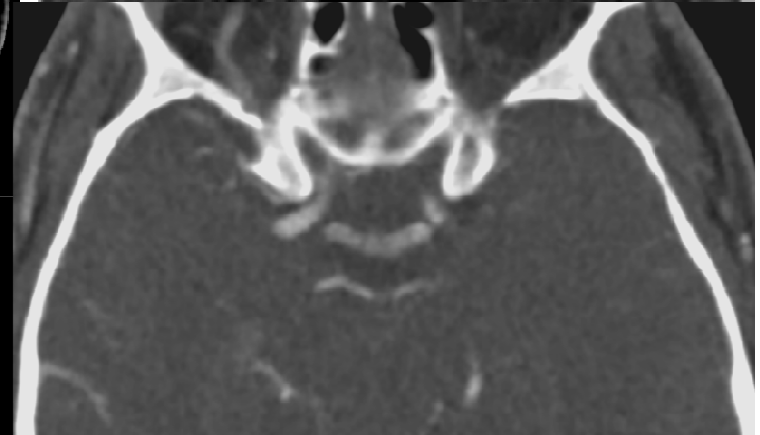
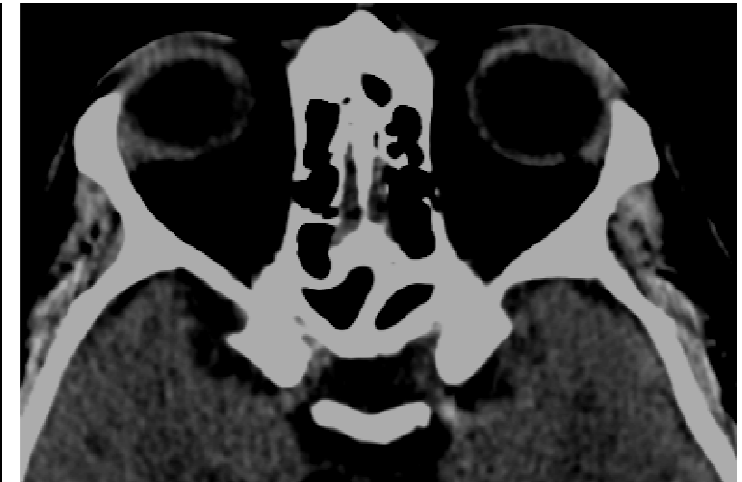
TAC multimodal

Aspects 9 en TC

Perfusión penumbra hemisférica de
ACM.

Angio TC TSA , oclusión de T carotídea.

TICI 0



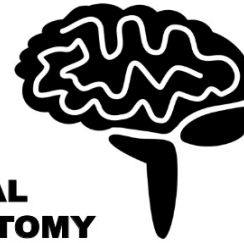
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TAC multimodal

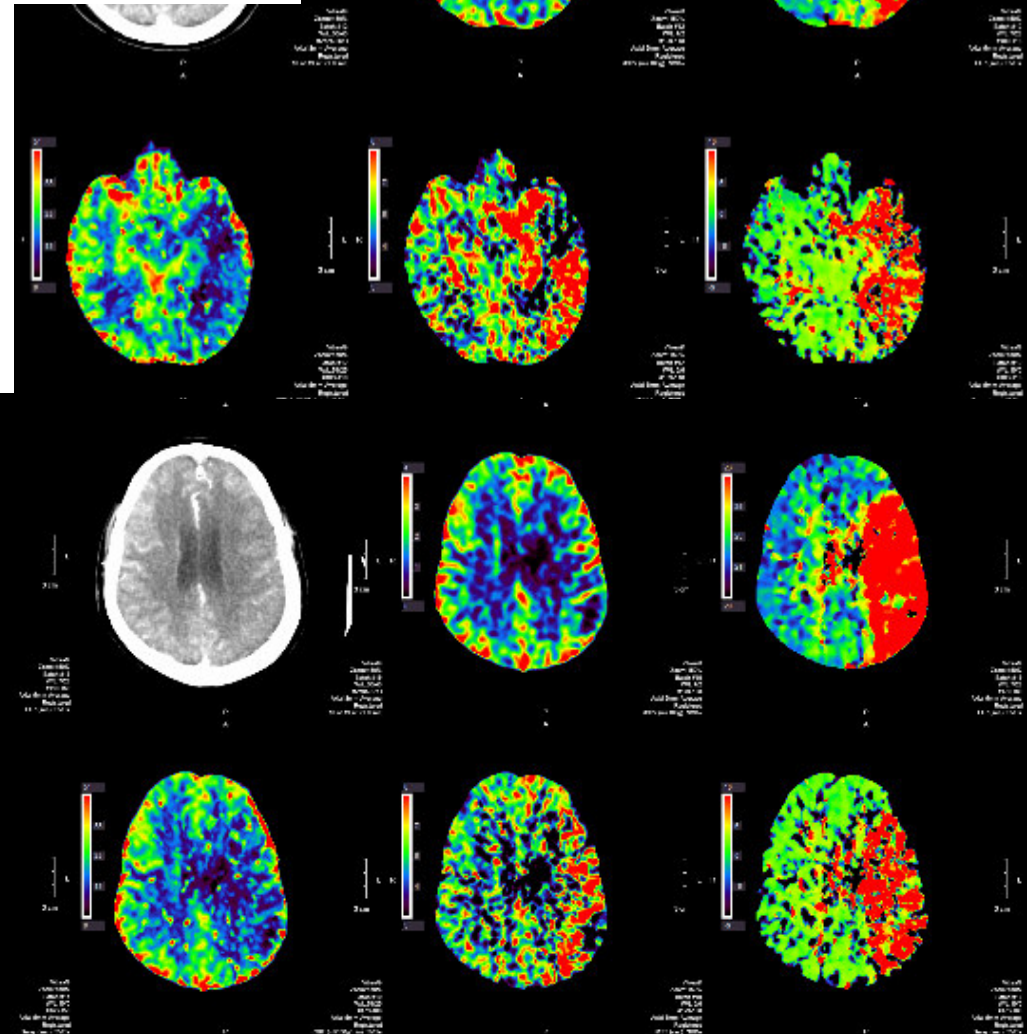
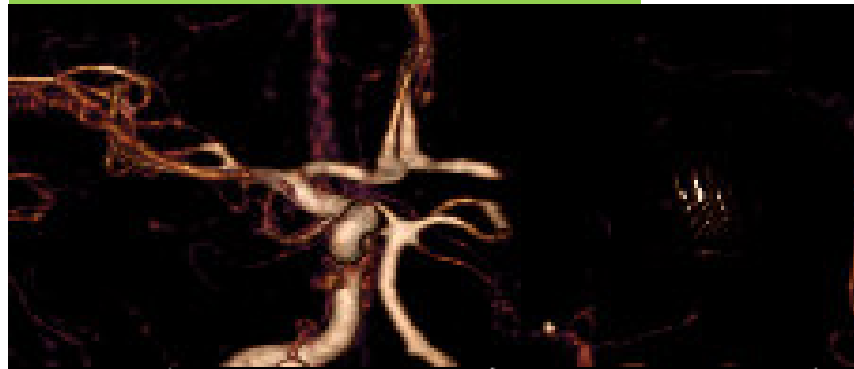
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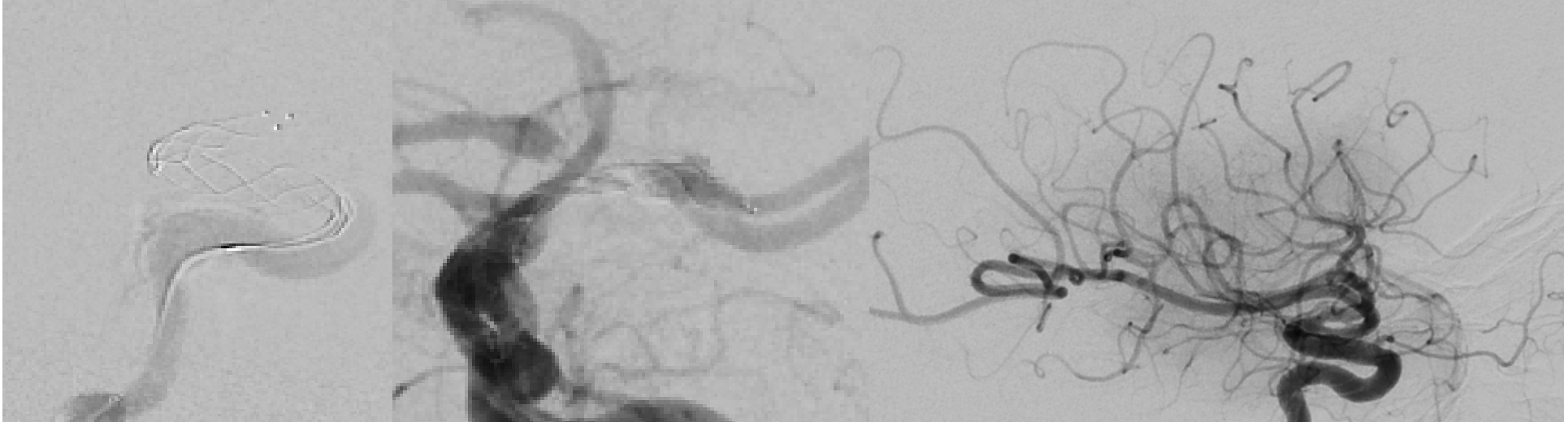
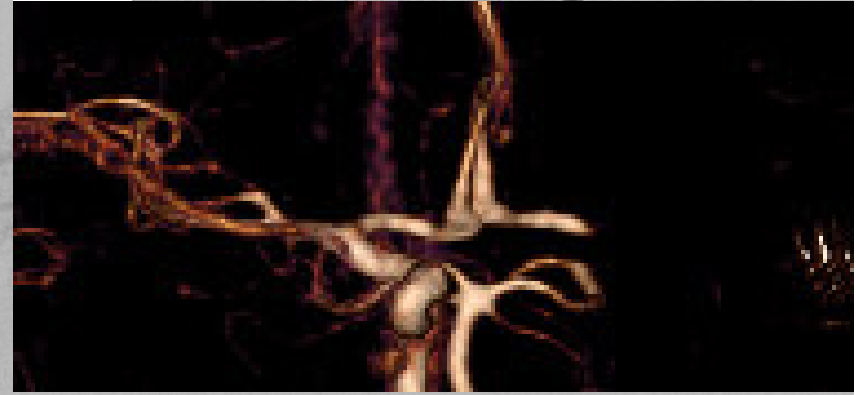
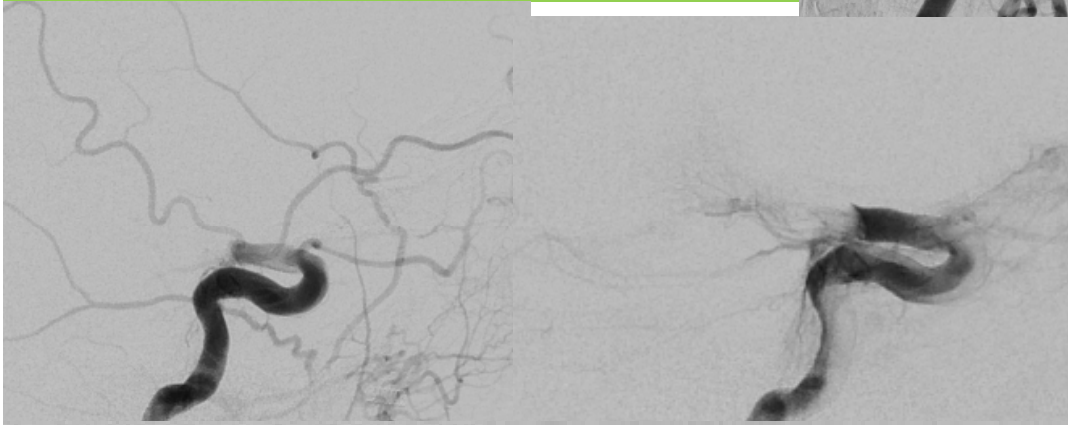
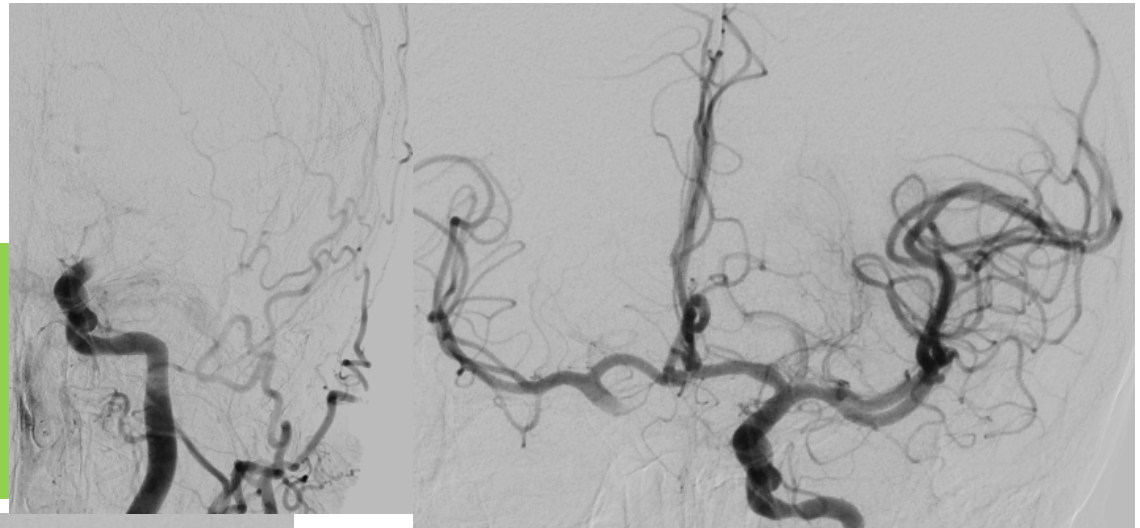


**MECHANICAL
THROMBECTOMY**



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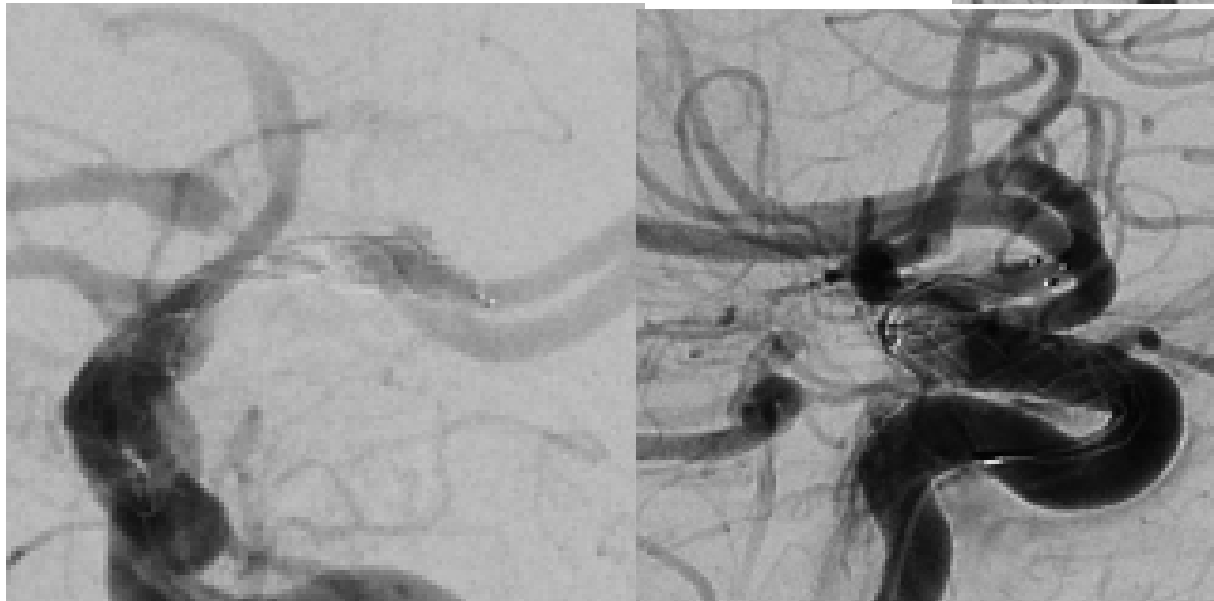
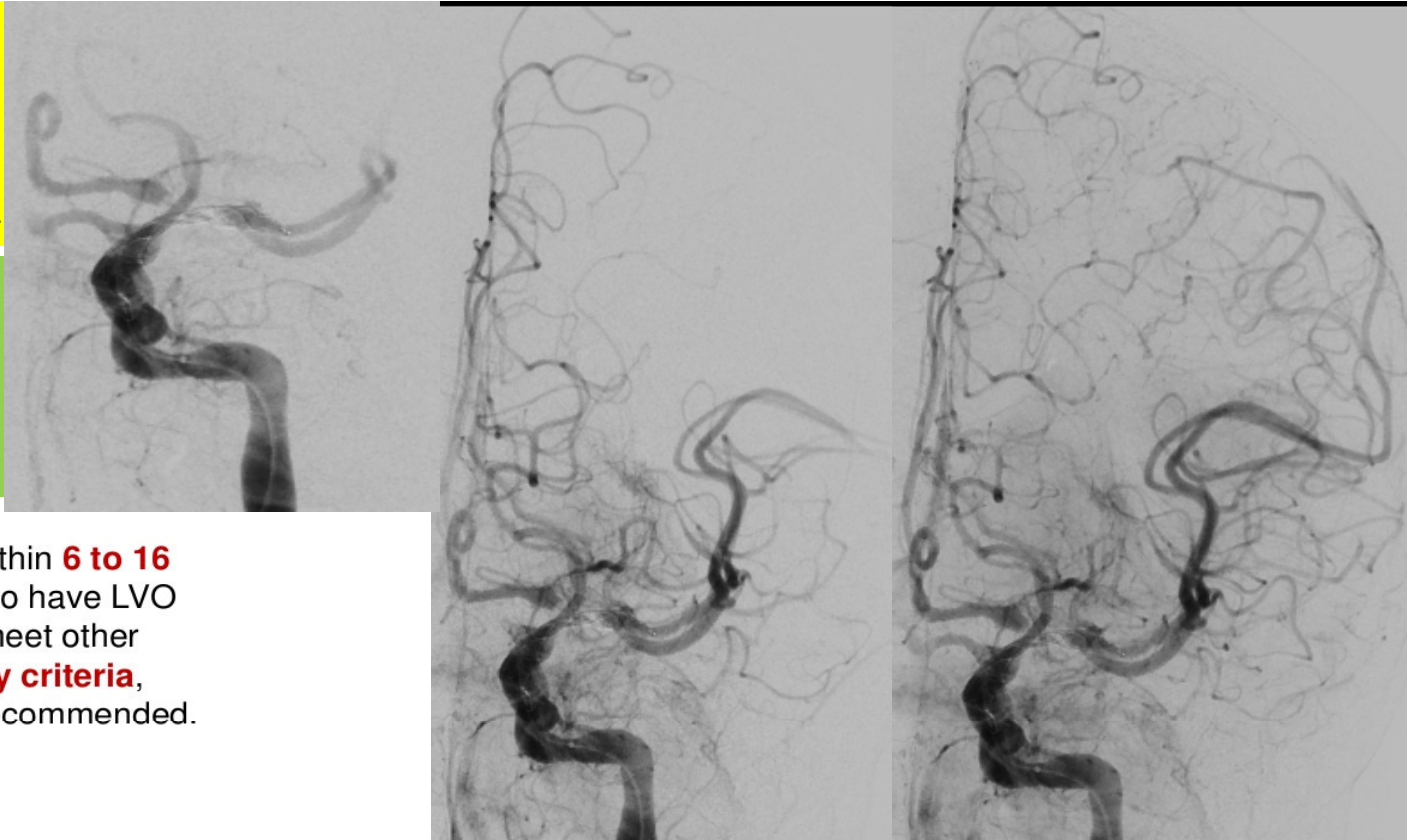
Ingresa en Unidad de Ictus,
recibiendo tratamiento fibrinolítico.
Ante la persistencia de la focalidad, se indica
trombectomía mecánica



CTUS ISQUÉMICO AGUDO TROMBO EN T CAROTÍDEA

Trombectomía mecánica
1 Pase- Trevo 6 mm.
Catéter balón flow gate.
Reapertura completa de ACII-ACM
TICI 3.

In selected patients with AIS within **6 to 16 hours** of last known normal who have LVO in the anterior circulation and meet other **DAWN or DEFUSE 3 eligibility criteria**, mechanical thrombectomy is recommended. (Class I; LOE A)



Patients should receive mechanical thrombectomy with a stent retriever if they meet all the following criteria:

- 1) **pre-stroke mRS score of 0 to 1**
- 2) **causative occlusion of the ICA or MCA-M1**
- 3) **age ≥ 18 years**
- 4) **NIHSS ≥ 6**
- 5) **Alberta Stroke Program Early CT Score (ASPECTS) ≥ 6**
- 6) **treatment can be initiated (groin puncture) within 6 hours of symptom onset**

(Class I; LOE A)

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Trombectomía mecánica

1 Pase- Trevo 6 mm.

Catéter balón flow gate.

Reapertura completa de ACII-
ACM

TICI 3.

IV t-PA for AIS < 3 – 4.5 hr

Class I

- for pts ≤ 80 y/o, without both DM and stroke hx, NIHSS ≤ 25 , not taking any OACs, $< 1/3$ MCA territory by CT or MRI

Class IIa

- for pts > 80 y/o

Class IIb

- taking OACs and INR ≤ 1.7 and/or PT < 15 s
- with both DM and stroke hx

Endovascular Therapy

Class I

- AIS < 6 hr
- AIS $< 6-16$ hr: DAWN or DEFUSE 3 criteria

Class IIa

- AIS $< 6-24$ hr: DAWN criteria

