A case of Acute Ischemic Stroke with Total Occlusion of Ipsilateral Internal Carotid Artery and Severe stenosis of Petrous part of Contralateral Internal Carotid Artery.

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BACKGROUND - Management of Acute Ischemic stroke, who present late is always a dilemma, whether to have a conservative approach or to go for Invasive endovascular approach.

HISTORY & EXAMINATION - A 50 years old lady presented 24 hours late after acute Stroke with Right hemiplegia and aphasia. Her neurological examination showed NIHSS score of 19.

CAROTID DOPPLER - Total Occlusion of left internal Carotid artery at its origin and normal right internal Carotid artery.

CAROTID DSA - Total occlusion of left Internal carotid artery and severe stenosis(90%) in petrous segment of right internal carotid artery with poor collateral flow to left MCA and ACA.

INTERVENTION - Right Internal carotid artery lesion was crossed with BMW 014 wire and stented with 4.0x18 mm drug eluting coronary stent with good result. There was brisk flow in right MCA and ACA as well as in left MCA and ACA via collaterals.

FOLLOW UP - Patient had uneventful hospital course and remarkable neurological recovery. Her NIHSS score recovered to 2 after 3 months.

CONCLUSION - Contralateral carotid angioplasty of severe stenotic lesions in setting of Acute Ischemic stroke with Ipsilateral total occlusion of Internal carotid artery even in those who presents late, can help in improving collateral flow and neurological recovery.