UNIVERSITY HOSPITAL UDINE/ITALY

CASE REVIEWS

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CASE 1

- F, 82 y
- NIHSS 17
- Right ACM occlusion at CTA.
- rtPA ev and consecutive IA thrombectomy.
CT pre-treatment
(1h from symptom onset)
Arrival in angio suite at the beginning of the 3h
Final control after 1:30h. The end of the procedure within 5h since the symptoms onset.
Good recovery, NIHSS 1 (48h); mRS 2 at discharge and Mrs 0 at 90 days
CASE 2

- F, 83 y
- NIHSS 19
- T-occlusion of right ICA.
- rtPA ev and consecutive IA thrombectomy.
CT pre-treatment
(4:30h from symptom onset)
Arrival in Angio suite at the beginning of the 5h
Control CT at 24h

NIHSS 9 and mRS 4 at discharge and mRS 4 at 90 days
CASE 3

• M 79 y
• Symptom onset (13:30h):
  – Violent headache
  – NIHSS 8
  – rtPA ev and consecutive IA thrombectomy.
Hyperdensity at the distal portion of the basilar a. with suspect of thrombosis we proceeded with CTA.
Occlusion of the medium segment of a basilar artery without opacification of its distal.
TRANSFER IN ANGIO SUIT at 16:20
(3:50h since the symptom onset)

Origin of the right vertebral artery.

Tratto distale dell’a.vertebrale Ds.
Origin of the left vertebral artery
Control after the thrombectomy with Embotrap at the origin of the left vertebral artery.
CT control at 24h

- NIHSS 1 following day
- mRS 0 following day
CASE 4

- M, 70 y
- NIHSS 6
- Suspected occlusion of basilar artery
- rtPA ev and consecutive IA thrombectomy.
CT 25h after the first symptoms (3h after the worsening of symptoms NIHSS 6)

Hypodense (Ischemic) lesions in right cerebellar area and left occipital
Angio control after the first pass ET+ aspiration)
CT control 72h

NIHSS 2 mRS 4 at 24h; NIHSS 0 mRS 0 at 90 days
THANK YOU FOR THE ATTENTION
Disclosure

Speaker name:
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have the following potential conflicts of interest to report:

☐ Consulting
☐ Employment in industry
☐ Stockholder of a healthcare company
☐ Owner of a healthcare company
☐ Other(s)

☒ I do not have any potential conflict of interest