



POSTER

Delayed thrombectomy in acute vertebrobasilar occlusion—case report

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Abstract

Acute basilar thrombosis is associated with poor prognosis. Thrombolysis and thrombectomy may reduce mortality and disability. Some studies suggest that the time window for revascularization is probably longer than in anterior circulation strokes.

Case description: A 73-year-old female presented to the Emergency Department complaining of 2 transient episodes of dysarthria. At admission, the only positive finding was mild gait ataxia. Brain computed tomography (CT) documented acute infarcts at the right occipital pole and posterior cerebellar area. Transcranial duplex scan showed mild stenosis (<50%) of the left vertebrobasilar (VB) junction. During the first 24h after admission, progressive neurological deterioration occurred. CT angiography documented left VB junction and proximal basilar segment occlusion with retrograde filling of the distal segment. Cerebral magnetic resonance showed DWI+/FLAIR+ right cerebral peduncle,

occipital parasagittal, paramedian pontic and cerebellar hemispheric acute ischemic lesions. The patient was somnolent, with dysarthria and left hemiplegia - NIHSS=12.

Considering the clinical-imaging mismatch, she was referred to the interventional neuroradiology department at a Comprehensive Stroke Center. Complete recanalization was achieved 31h after hospital admission (19h after clinical deterioration).

The patient's condition improved progressively and she was discharged at day 8 (NIHSS=5, mRs=2). Close surveillance and monitoring with vascular reassessment is essential to define the correct therapeutic strategy in patients with progressive symptoms. Selected patients with neurologic deterioration, clinical-imaging mismatch and persistent basilar occlusion may benefit from delayed endovascular revascularization and still achieve good outcomes.

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