



ORAL PRESENTATION

Basilar artery stenosis stroke treated conventionally: a case report

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Abstract

Introduction: Atherosclerotic stenosis of the Basilar artery (BAS) is a rare cause of posterior circulation stroke. The treatment described includes: intra-arterial/intravenous thrombolysis, thrombectomy or conservative treatment.

Clinical Report: A 56-year-old man with history of hypertension and chronic kidney disease had two recent admissions (1 month apart). The first was due to a hypertensive crisis and the second due to a right temporo-parietal stroke without sequelae. He was admitted with blood pressure of 125/72 mmHg, dysarthria, right-beating nystagmus, left-sided hemiparesis (grade 4/5), dysmetria and wide-based gait (NIHSS 8) of unknown onset. Cranial computed tomography at admission and after 24 hours did not show acute alterations.

The study revealed: haemoglobin 10.4g/dL, creatinine 3.8 mg/dL, urea 171 mg/dL, cholesterol 242 mg/dL, HDL 26 mg/dL, LDL 157 mg/dL, triglycerides 225 mg/dL, homocysteine 18.5 μ mol/L; thrombophilia, coagulation and autoimmuni-

ty studies were negative. Echocardiogram showed diastolic dysfunction. Carotid ultrasound revealed extensive bilateral carotid atheromatosis, occlusion of the right internal carotid artery and stenosis (50-69%) of the left one. Brain magnetic resonance with angiography showed acute ischaemic vascular injury of the mesencephalon, pons and right cerebellum, associated with stenosis of the entire basilar artery.

The patient received conservative treatment with clopidogrel and enoxaparin, with partial recovery of the deficits (NIHSS 4).

Conclusion: The follow-up of patients with cardiovascular risk factors and symptomatic basilar stenosis requires an early action in order to avoid a catastrophe derived from ischaemic stroke. Improved therapy for BAS-related stroke is required. Endovascular treatment is probably the best option; however, most hospitals are not equipped and therefore, other treatment protocols should be considered.

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