



ORAL PRESENTATION

Beyond the edge of DAWN

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Abstract

Introduction: The DAWN trial proved the benefit of mechanical thrombectomy in patients with anterior circulation large-vessel occlusion stroke 6 to 24 hours (h) from symptom onset, with mismatch between the severity of the clinical deficit and the infarct volume, compared with the standard care.

Clinical Case: We present a 76 years old woman, with previous history of osteoporosis and angina; medicated with alendronate 70mg/week and bisoprolol 5mg/day. The patient was admitted for a left motor deficit after woke up (last seen well [LSW] at 11 pm). Vital signs were normal and there was a left hemiparesis, left central facial palsy, left homonymous hemianopsia, and anosognosia. Electrocardiography showed sinus rhythm. In the brain CT (LSW 27 h), there were no signs of acute ischemia or hemorrhage, and there was a hyperdensity in the top of the right internal carotid artery (rICA) and right middle cerebral artery (rMCA).

A new brain CT was performed (LSW 36 h), with a striatal capsular and insular hypodensity, and a hyperdensity of the rICA and rMCA. Because of the mismatch between the severity of the clinical deficit and the infarct volume, a CT angiography and a brain MRI were performed (LSW 37 h), that revealed an arterial occlusion at the top of the rICA and M1 of the rMCA, and a recent ischemic lesion in the right corona radiata and striatum, respectively.

At this point we would like to discuss with the experts the best management in this case: start antithrombotic therapy; perform thrombolysis; perform mechanical thrombectomy.

Conclusion: The DAWN trial proved that it's beneficial the expansion of the time window to treat, when there is brain tissue to save, but only up to 24 h. We bring a case that meet the same criteria, but long after the proved time limit.

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