



POSTER

Unexpected outcome in acute basilar occlusion

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Abstract

Background: Basilar occlusion is associated with poor clinical outcome, even when treated with mechanical thrombectomy (MT).

Methods: We present a case of non-successful acute basilar thrombectomy with good outcome.

Results: We report a case of an 86-year-old man, with hypertension, ischemic heart disease and dyslipidaemia. He presented to the emergency room with post-syncope nausea, vomiting, dysarthria and right hemiparesis.

Neurological examination revealed left sixth cranial nerve palsy, right central facial palsy, right dysmetria, dysarthria and right Babinski sign. No acute lesion was noticeable on CT, but the angio-CT showed an occlusion of the distal third of the basilar artery. There was a diffusion/FLAIR mismatch on the MRI, with right lateral and left paramedian pontine lesions with restricted diffusion, without significant reperfusion on FLAIR.

MT by femoral and brachial access confirmed basilar occlusion with retrograde filling of both posterior cerebral arteries through posterior communicating arteries, suggesting collateral circulation in the setting of chronic stenosis. Thrombectomy was not possible due to severe tortuosity of cervical vessels.

Despite the failed treatment with TIC1 0, the patient improved and was transferred four days after with a NIHSS of 5, displaying only right flattened nasolabial fold, leg and arm motor drift, and arm ataxia.

Conclusion: Mechanical thrombectomy has good recanalization rate and favourable outcomes in basilar occlusion. However, in occlusion in the setting of chronic stenosis of the basilar artery, clinical outcome is better. In cases where distal access is difficult, it might be reasonable to avoid complications and halt endovascular treatment.

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