LECTURE

Controversial indications for mechanical thrombectomy

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Abstract

After several positive randomized clinical trials (RCT), mechanical thrombectomy (MT) has become the standard of care for patients with acute (up to 24h) ischaemic stroke caused by large vessel occlusion of the anterior circulation, with a tremendous impact on clinical outcome and an impressively low number needed to treat. However, guidelines emanating from the clinical trials advocate MT just for adult patients with important clinical deficits (NIHSS ≥6), small ischaemic core (ASPECTS ≥6) and either internal carotid artery or middle cerebral artery (M1 segment) occlusions. As such, for the time being, there are still many patients who do not fit these criteria but who could potentially benefit from MT. These include cases of minor symptoms (but with large vessel occlusion), large ischaemic core or distal occlusions (M2, A1). Moreover, the role of MT in posterior circulation strokes or in paediatric patients remains unproven.

Some of these uncertainties will presumably be solved by ongoing RCTs. While strong evidence (pro or con) is lacking, individual treatment decisions for each case should be taken by a multidisciplinary team, taking into account the presumed natural history of the disease and the presumed impact (risks and benefits) of the treatment.

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