



ORAL PRESENTATION

Thrombectomy—behind the curtain

Bruno Cunha¹, Diana Melancia², Teresa Morais¹, Isabel Fragata¹, Patrícia Ferreira³, and João Reis¹

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Abstract

Introduction: Intracranial aneurysms are found in 3.7% patients with acute ischemic stroke. Although intravenous alteplase (IV tPA) poses no additional risk of rupture in these patients, there might be implications regarding endovascular mechanical thrombectomy.

Case Report: We report a case of an 81-year-old woman who presented at the emergency department with a sudden onset of vertigo, nausea and vomiting, right gaze palsy, right homonymous hemianopsia, left hemiparesis, right ataxia and dysarthria. AngioCT revealed occlusion of both intracranial vertebral arteries and basilar artery. IV tPA was administered and the patient was admitted for endovascular thrombectomy. Aspiration mechanical thrombectomy of the right vertebral artery was performed. However, there was a severe proximal basilar artery stenosis due to an atherosclerotic plaque. Balloon angioplasty and stenting of the

basilar artery was performed. Following recanalization, an unruptured basilar tip aneurysm was incidentally detected. Considering the need for double antiplatelet therapy on a patient already under IV tPA, endovascular coiling was decided, with occlusion of the aneurysm. The patient had a good clinical evolution being discharged with left facial palsy and mild left ataxia.

Discussion: Few authors have addressed the management of coincidental aneurysms of the target vessel during a mechanical thrombectomy procedure. Aspiration techniques that do not pass the thrombus and navigate into invisible vessel segments might have lower risk of rupture compared to stent retrievers. However, reperfusion of the occluded vessel could result in an abrupt increase in hemodynamic stress inside the aneurysm. This case illustrates the need of a complete training in neurointervention.

¹Neuroradiology Department, Centro Hospitalar Universitário de Lisboa Central

²Neurology Department, Centro Hospitalar Universitário de Lisboa Central

³Stroke Unit, Centro Hospitalar Universitário de Lisboa Central

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