



ORAL PRESENTATION

Better late than never—vertebral artery stenting and thrombectomy after 3 days

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Abstract

Introduction: Besides being associated with higher mortality, posterior circulation occlusions are less predictable when compared to anterior ones. The optimal therapeutic approach is not as well-known and many aspects are still a matter of debate, including the appropriate time window for thrombectomy.

Case report: A 55-year-old female with a modified Rankin Scale (mRS) of 0 had a past medical history that was remarkable for breast cancer, having been treated with chemo/radiotherapy and discharged from follow-up three years prior. She had an episode of loss of consciousness that lasted less than one minute, with no prodromes or involuntary movements. She then developed an intense right-sided headache, photo and phonophobia, which led her to a peripheral hospital. Her neurological examination was unremarkable (NIHSS=0). Considering she had no history of migraine, a CT scan was performed which revealed a left thalamic infarct and prompted a CT angiogram. CTA revealed a severe stenosis of the left vertebral artery at the level of its origin, as well as a basilar tip occlusion. Given that headache was her only symptom, she was kept under a watchful waiting policy and was started on antiplatelet

therapy. Three days later there was neurological worsening with somnolence, limitation of upward gaze, left internuclear ophthalmoplegia (IOP), dysarthria, right hemiparesis and left appendicular ataxia (NIHSS=10). A second CT revealed new infarcts on the left cerebellar hemisphere and thalamo-mesencephalic junction. The patient was transferred to a thrombectomy center where CT perfusion revealed areas of mismatch on the left cerebellar hemisphere and occipital lobe. The findings on CTA were the same as described before. The right vertebral artery ended in posterior inferior cerebellar artery so the left one was the only access to the basilar occlusion. The severe stenosis was treated with a drug-eluting stent, allowing for distal catheterization, and then thrombectomy was performed. Control CT scan 24 hours later revealed small petechial haemorrhages, with no new ischemic lesions. The patient was left with a residual left IOP, mild left ataxia and no motor deficit; her mRS at 3 months was 1.

Conclusion: We present the case of a tandem basilar tip occlusion submitted to vertebral artery stenting and thrombectomy 3 days after its initial presentation with a favourable outcome.

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