



POSTER

Double occlusion, double thrombectomy

Bruno Cunha¹, Danila Kuroedov¹, Isabel Fragata¹, Ana Paiva Nunes², and João Reis¹

From the Lisbon Stroke Summit, Lisbon, Portugal. 5–6 April 2019.

Abstract

Introduction: The prevalence of acute bilateral middle cerebral artery (MCA) occlusion has not been precisely studied, with only a few cases reported in the literature. Patients present with bilateral neurological deficits and coma, mimicking a basilar artery stroke.

Case Report: We report a case of an 85-year-old woman presenting with a sudden right hemiparesis and dysarthria rapidly followed by neurological deterioration and coma with a Glasgow Coma Scale (GCS) of 6. Neuroimaging revealed a left insular gray-white matter de-differentiation and occlusion of both MCAs at their proximal segment (M1). Intravenous alteplase was administered and the patient was admitted for endovascular thrombectomy. Direct aspiration first pass technique thrombectomy was performed on both MCAs with complete recanalization after one pass on each artery. Follow-up brain magnetic resonance imaging (MRI)

documented bilateral acute phase infarcts of the corpus striatum and insulae. At day 27 the patient was transferred to a rehabilitation unit with a GCS of 8 and tetraparesis (modified Rankin Scale of 5). At 3 months she was discharged to a continuous care unit with significant improvement of her conscious state (GCS of 14) and slight improvement of her tetraparesis (modified Rankin Scale of 4).

Discussion: Acute bilateral occlusion of both MCAs is usually associated with poor prognosis with anecdotal reports of good functional outcome after revascularization by stent retriever thrombectomy. In our case, aspiration thrombectomy achieved an early and complete revascularization. Despite establishment of bilateral cerebral infarction and residual tetraparesis, a significant neurological improvement was achieved in this very severe stroke.

¹Neuroradiology Department, Centro Hospitalar Universitário de Lisboa Central

²Stroke Unit, Centro Hospitalar Universitário de Lisboa Central

Citation: Cunha et al. Double occlusion, double thrombectomy. International Journal of Clinical Neurosciences and Mental Health 2019; 6(Suppl. 1):P2

Published: 04 April 2019



Open Access Publication Available at <http://ijcnmh.arc-publishing.org>

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