



POSTER

## Treatment beyond guidelines

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### Abstract

**Introduction:** The assessment of ischemic stroke lesions on computed tomography (CT) using ASPECTS is widely used to manage acute stroke treatment. Current guidelines state that endovascular treatment is indicated if ASPECTS is 6 or better. However, some patients with relatively poor ASPECTS may still have a reasonable chance of recovery.

**Case Report:** We report a case of a 50-year-old woman who presented in the ER Department with sudden altered mental status and left hemiparesis, with unknown onset of symptoms. CT scan revealed extensive infarction of the MCA vascular territory, ASPECTS 0, and CTA showed occlusion of the M1 segment. MRI showed a slight mismatch between diffusion/FLAIR, and after discussion with the neurointerventional team, EVT was performed, obtaining a TIC1 3 recanalization rate. Soon after patient's admission to the Stroke unit her mental status worsened, with CT showing petechi-

al haemorrhages affecting basal ganglia and oedema with severe parenchymal mass effect. We initiated mannitol perfusion, with no response, with the patient scoring a GCS 8 at that point, being therefore submitted to decompressive craniectomy. The patient was then re-admitted to the stroke unit and then transferred to an Internal Medicine unit where she had a positive recovery—scoring GCS 15, NIHSS 13 and mRS 4 at discharge.

**Conclusion:** It's clear that overweighing all key informations like patient age, baseline functional status, comorbidities, location of occlusion, MRI FLAIR/diffusion or perfusion mismatch, and patient preference, must be regarded in decision making for recanalization therapies. When considered in this context, poor ASPECTS does not necessarily mean that there will not be room for endovascular treatment.

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