



POSTER

# Acute occlusion with subacute contralateral lesion—a dilemma? Maybe not

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## Abstract

Endovascular thrombectomy is an effective procedure for the treatment of acute ischemic stroke caused by occlusion of a major vessel. However, its safety in patients with subacute lesions in other locations is not established. We present a case of a 79-year-old woman, admitted to the emergency room for prostration and altered speech 6 hours after symptom onset. She was drowsy but arousable to command, global aphasia, right homonymous hemianopsia, right central facial palsy, right hemiparesis with muscle strength grade 1, and right hypoesthesia, accounting for an NIH Stroke Scale (NIHSS) 22. Brain CT-scan showed an ASPECTS score 7 on the left hemisphere and distal M1 occlusion of the left middle cerebral artery. Simultaneously a subacute ischemic lesion with petechial haemorrhage component was identified on the right ACM territory. As intravenous thrombolysis was contraindicated, endovascular thrombectomy was performed, with a TIC1 2b recanal-

ization. She was admitted in the Stroke Unit where atrial fibrillation was documented. The 24h follow-up CT-scan revealed a left temporal ischemic lesion with a petechial haemorrhagic component. She started acetylsalicylic acid and prophylactic enoxaparin. At the 6th day of admission, there was an aggravation of the neurological status with an enlargement of the left haemorrhagic component and antiplatelet therapy was stopped. At the 10th day, after clinical and imagiological improvement, acetylsalicylic acid was restarted and at the 28th day she was discharged from the hospital with the diagnosis of acute ischemic stroke of cardioembolic origin, with a NIHSS 7 and mRs score 2. The treatment for patients with acute ischemic stroke and contraindication for intravenous thrombolysis is not established however endovascular thrombectomy seems to be a good alternative with favourable outcomes.

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