

Acute ICA occlusions with patent intracranial circulation : When to intervene

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Purpose:

To evaluate indications of recanalization for acute ICA occlusions with patent intracranial circulation

Methods:

Five patients presented with acute anterior circulation ischemic stroke with extracranial ICA occlusion and patent intracranial circulation in last 2 months. First patient with low NIHSS and no deterioration on medical management was managed conservatively. Second patient had waxing and waning course with improvement and deterioration of weakness with BP fluctuation. Recanalization of ICA was performed on 7th day of onset. Third patient had clinicoradiological mismatch and was offered endovascular management, however was not done due to financial constraints. Fourth patient had NIHSS of 7 with 2 hours of onset. Recanalization attempt failed due to the inability of wire access across occlusion. Fifth patient had presented 2 years back with low NIHSS, recanalization was not offered back then. Patient had improved and was discharged. However since last 2 months, she is having recurrent episodes of TIA with focal acute infarcts in the affected territory.

Results:

First patient had good outcome on conservative management. Second patient improved after recanalization and was discharged with MRS of 2. Third patient rapidly deteriorated with formation of malignant MCA territory infarct and died. Fourth patient deteriorated next day with

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increasing infarcts and involvement of motor area. Recanalization of chronic occlusion remains an option in fifth patient.

Conclusions: