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Endovascular management for tandem occlusions of anterior circulation: Systematic analysis of 99 patients from literature

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Introduction: This study was conducted to review and compare the endovascular therapies to treat tandem occlusions of anterior cerebral circulation in the setting of acute ischemic stroke.

Materials & Method: Literature review was carried out using Pub-Med. We reviewed studies that described endovascular management for patients with tandem occlusions/stenoses of extra-cranial and intracranial arteries of the anterior cerebral circulation.

Results: 99 patients were included. The median NIHSS (for 97 patients) at the time of admission was 16 (SD±5.5). The mean times and ranges from onset of symptoms to recanalization (for 46 patients) and from groin to recanalization (for 54 patients) were 412 minutes (Range: 120-1574) and 83 minutes (Range: 14-180), respectively. The mean outcome mRS (for 97 patients) was 2.39 (SD±2.2) and 61.9% of patients had mRS of ≤2 at 90 days. 81.25% of patients who had mRS of ≤2 had groin to recanalization time of less than 90 minutes (p-value: 0.018). Despite that only 7% of patients underwent retrograde approach, 85.7% of them had outcome mRS of ≤2 compared to 60% of patients with anterograde approach (p-value: 0.016). TICI scale was described for 72 patients, 77.8% of them had scale of ≥2b. 95.8% (23 patients) who received intravenous t-PA had TICI scale of ≥2b while 75.7% (25 patients) who did not receive IV t-PA had same TICI scale (p-value: 0.041). 13.9% of patients experienced cerebral hemorrhage.

Conclusion: Groin to recanalization time of less than 90 minutes and the retrograde approach have shown to be favorable prognostic factors based on mRS. The use of IV t-PA has been associated with higher TICI scales.

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