



Revascularization In Tandem Stroke: Learning Continuum

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Revascularization In Tandem Stroke: Learning Continuum

- No financial disclosures

Revascularization In Tandem Stroke: Learning Continuum

Searching for the right approach

- Proximal first approach
- Distal first approach
- Angioplasty Vs Stenting
- Antiplatelets regimen

Revascularization In Tandem Stroke: Learning Continuum

Distal First:

Pros:

- Faster cerebral reperfusion
- Less thromboembolism



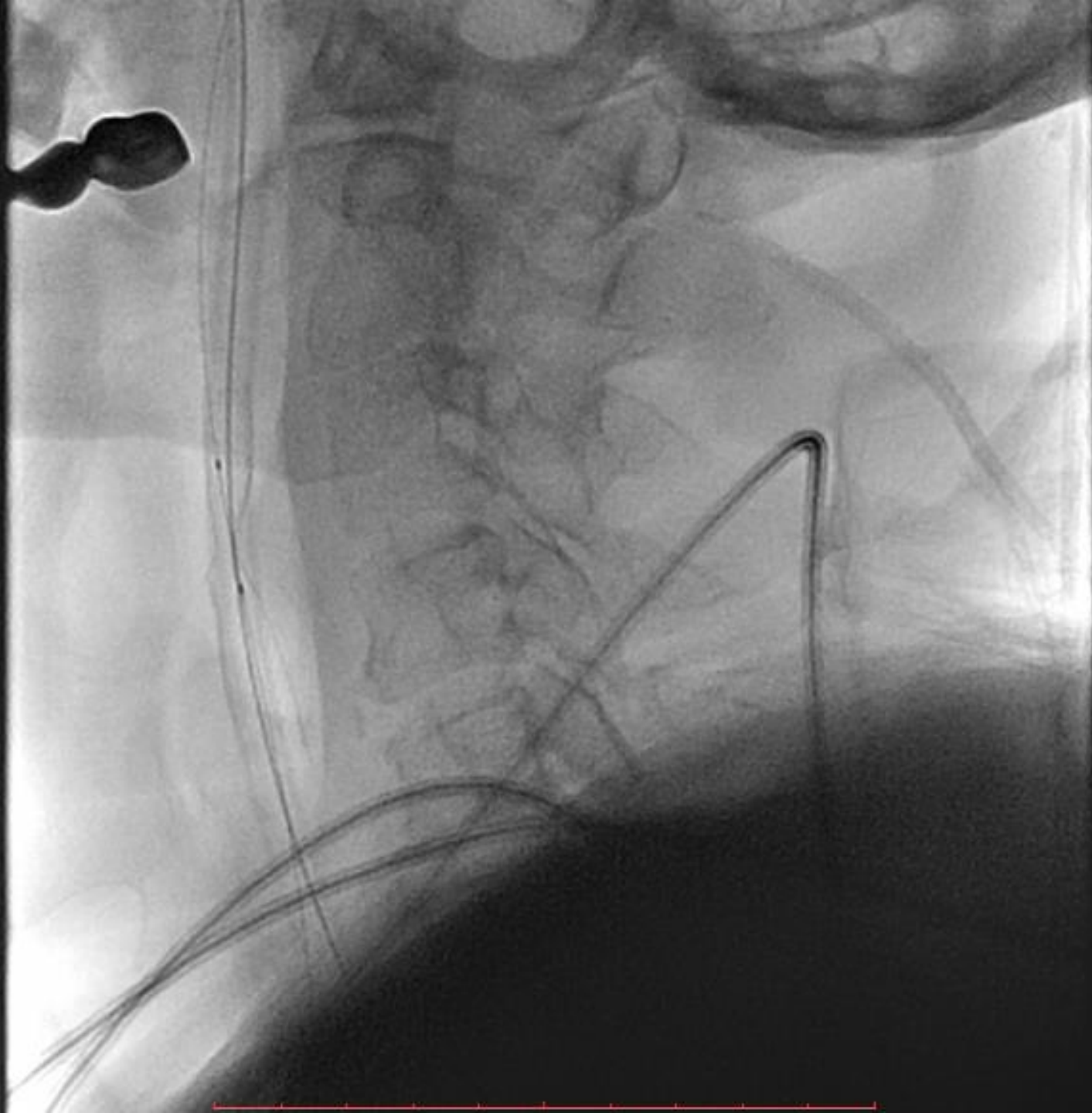


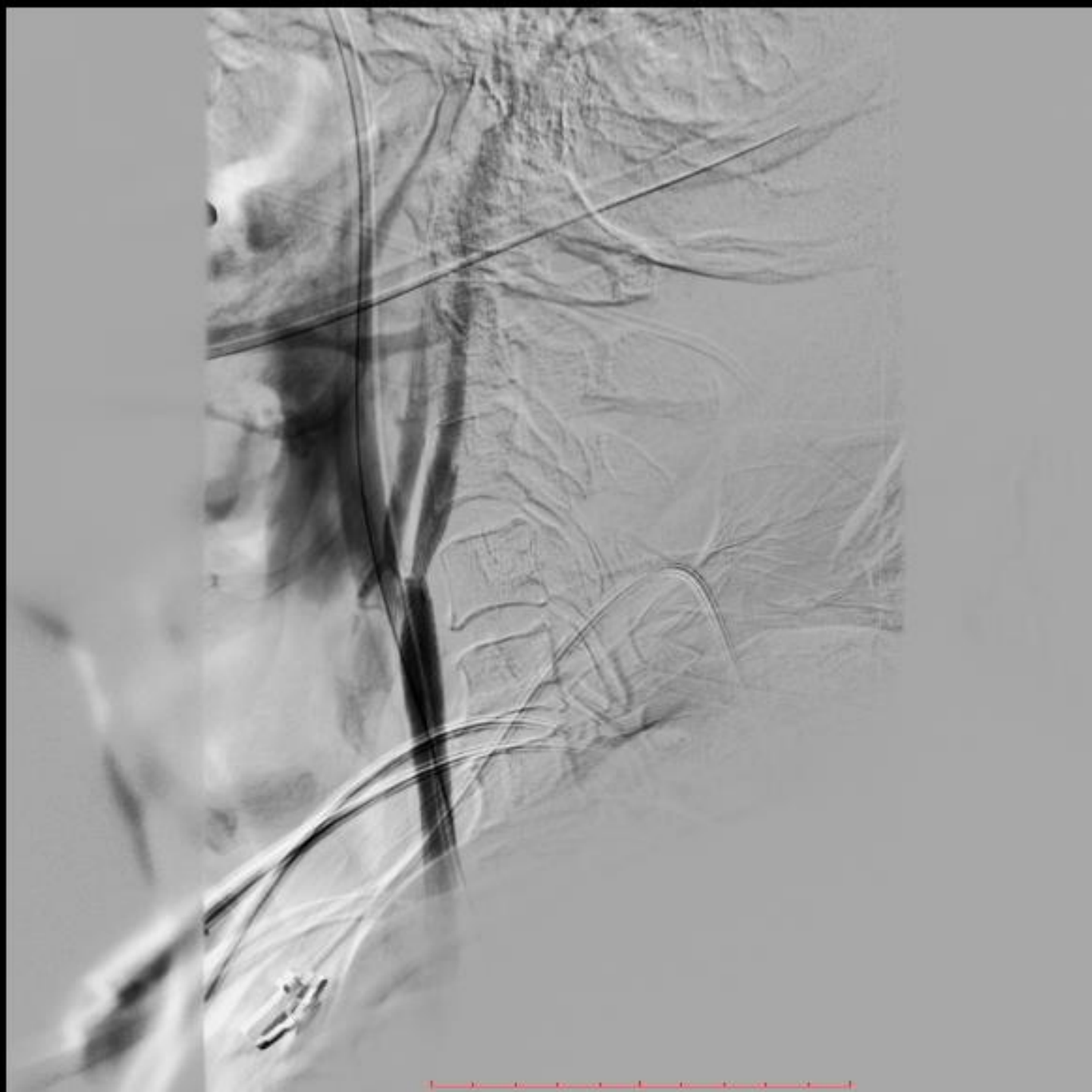
WIST









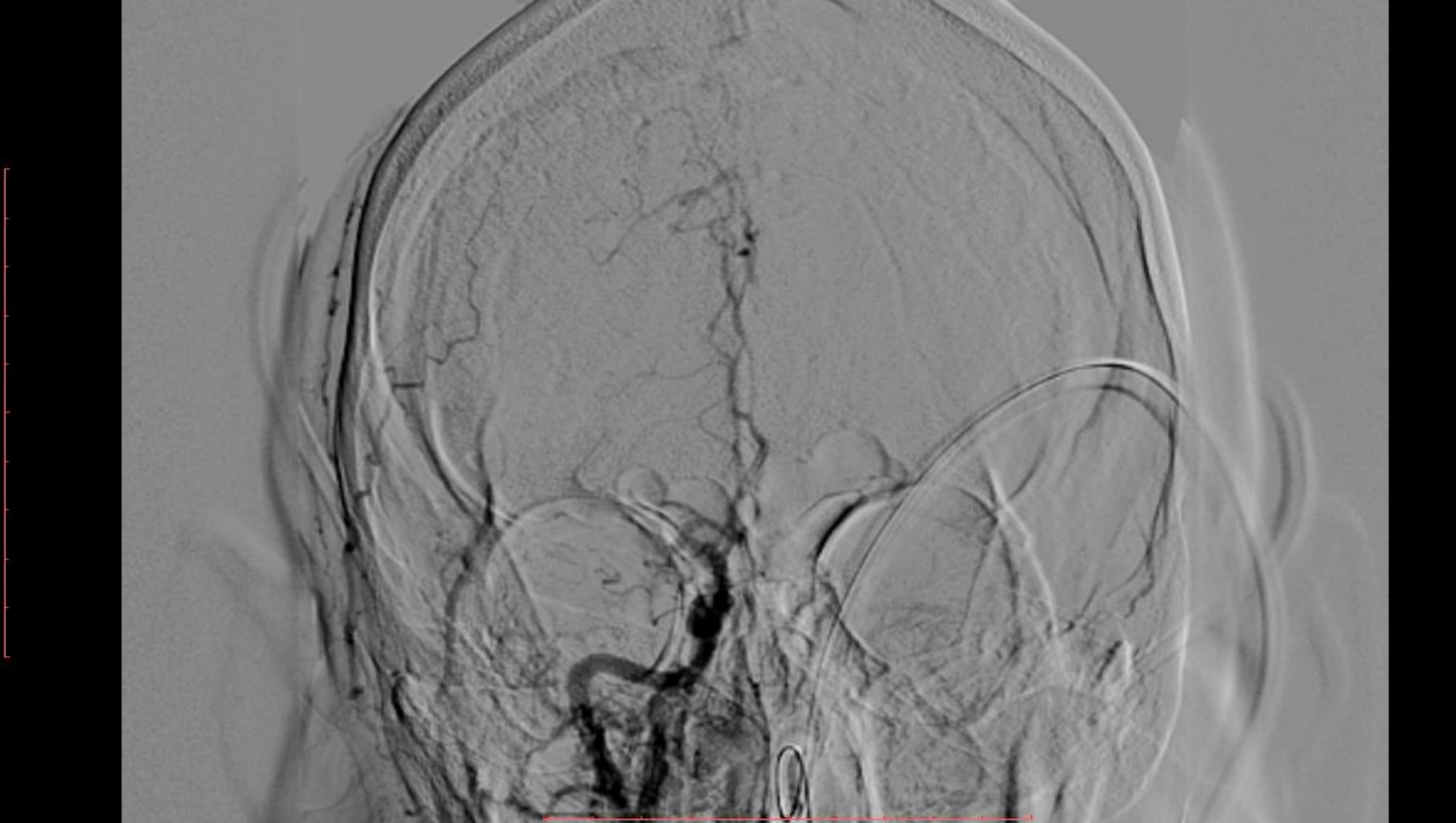


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Distal first again.....

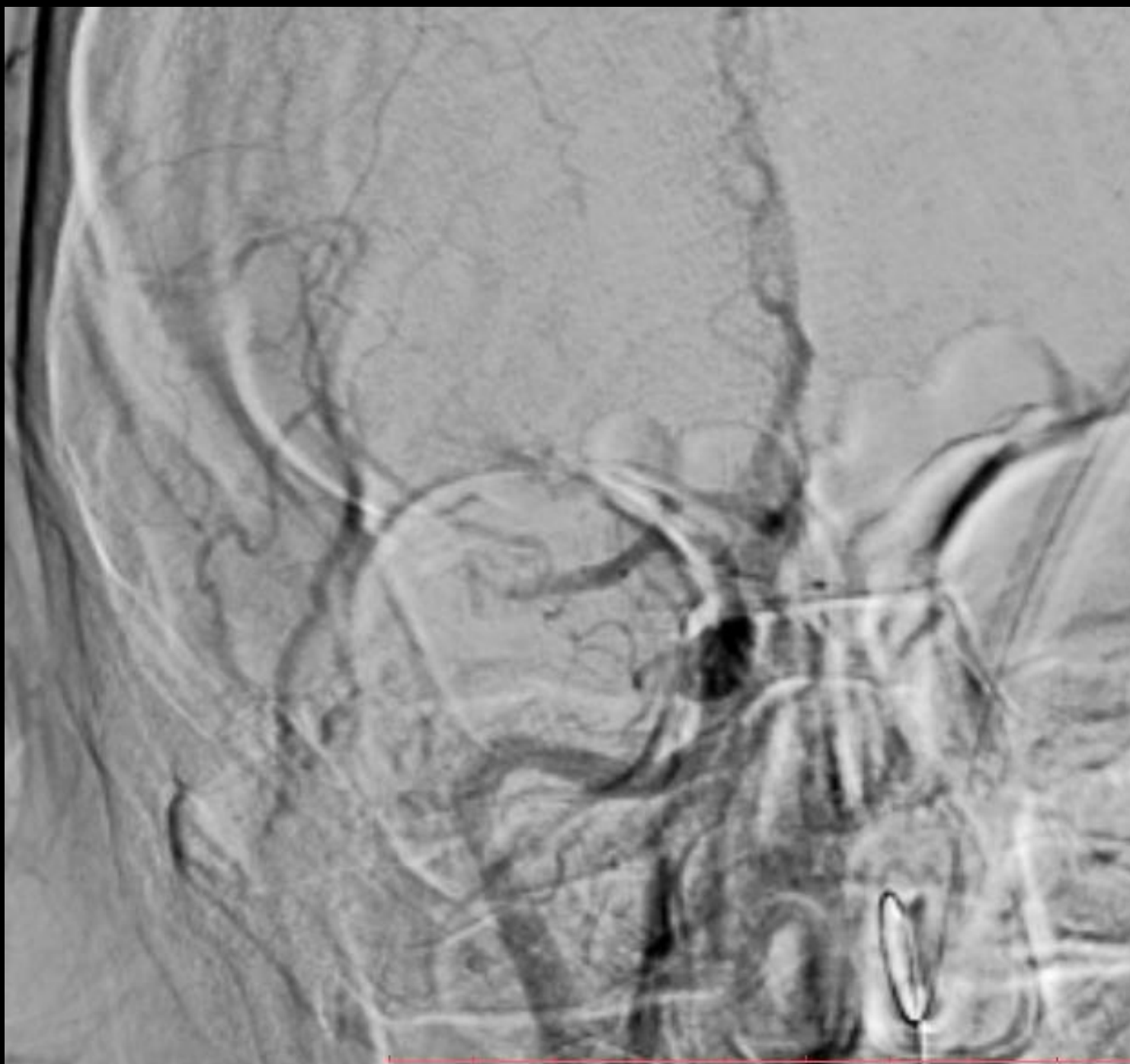


CCA

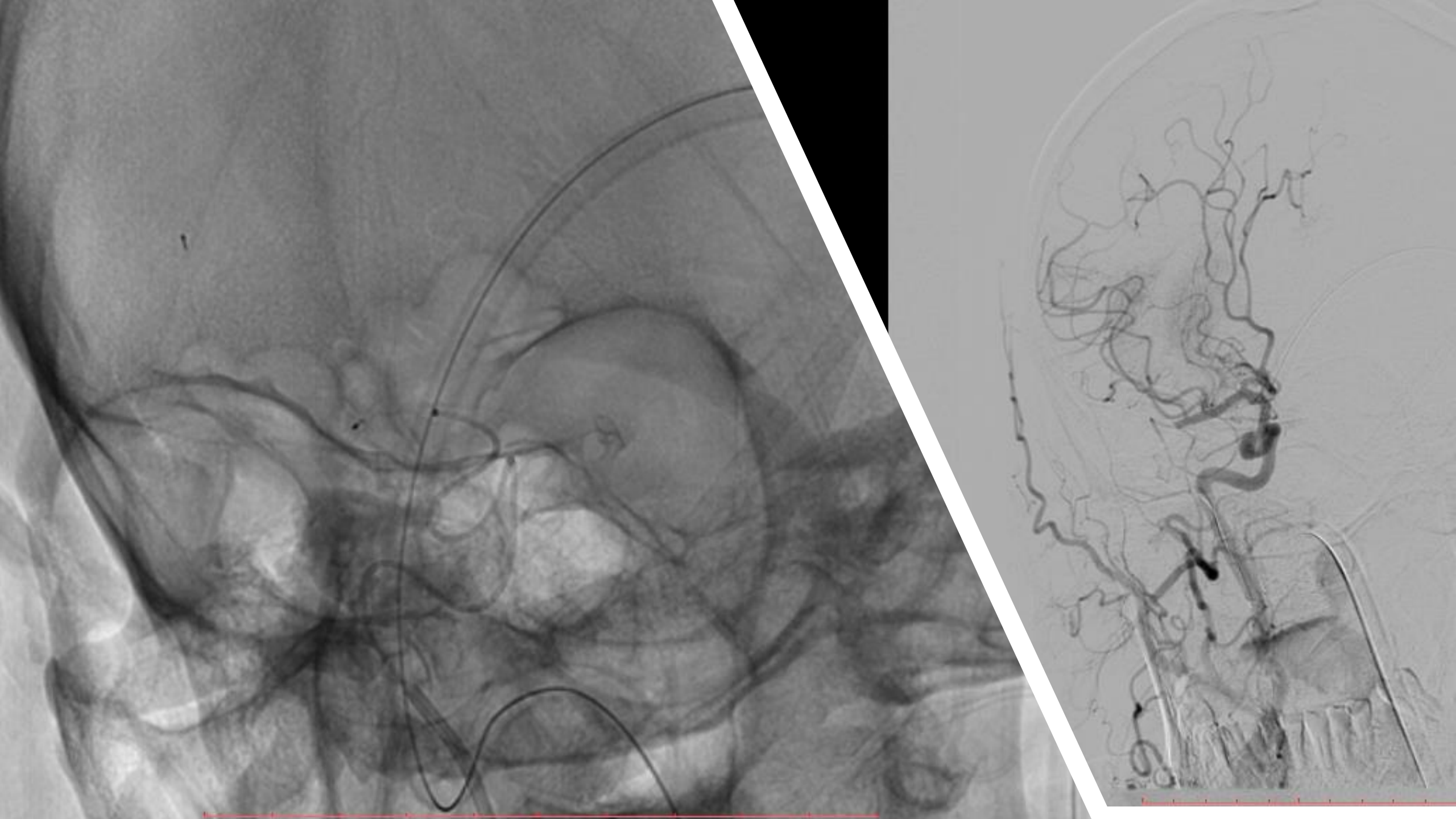


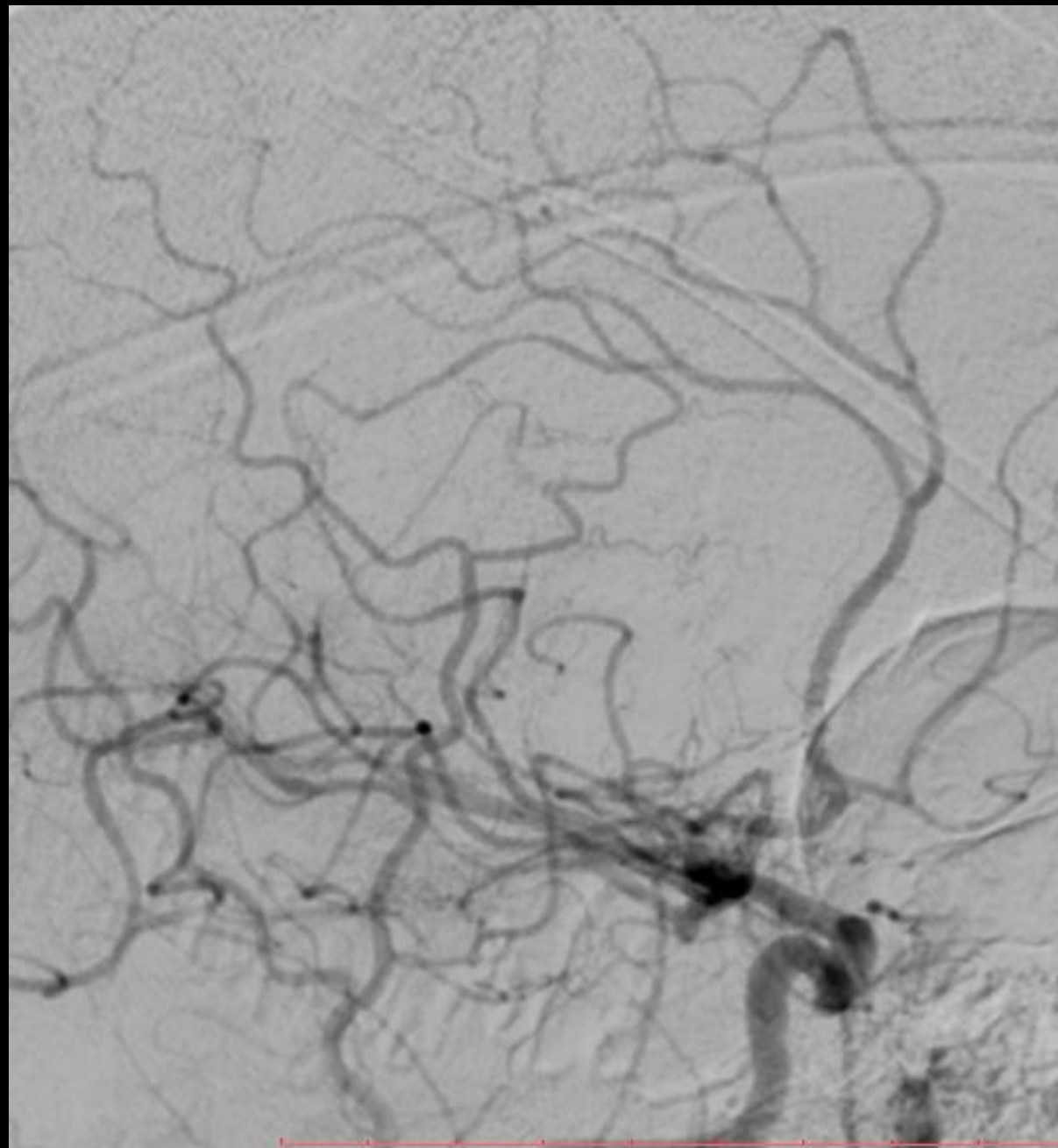
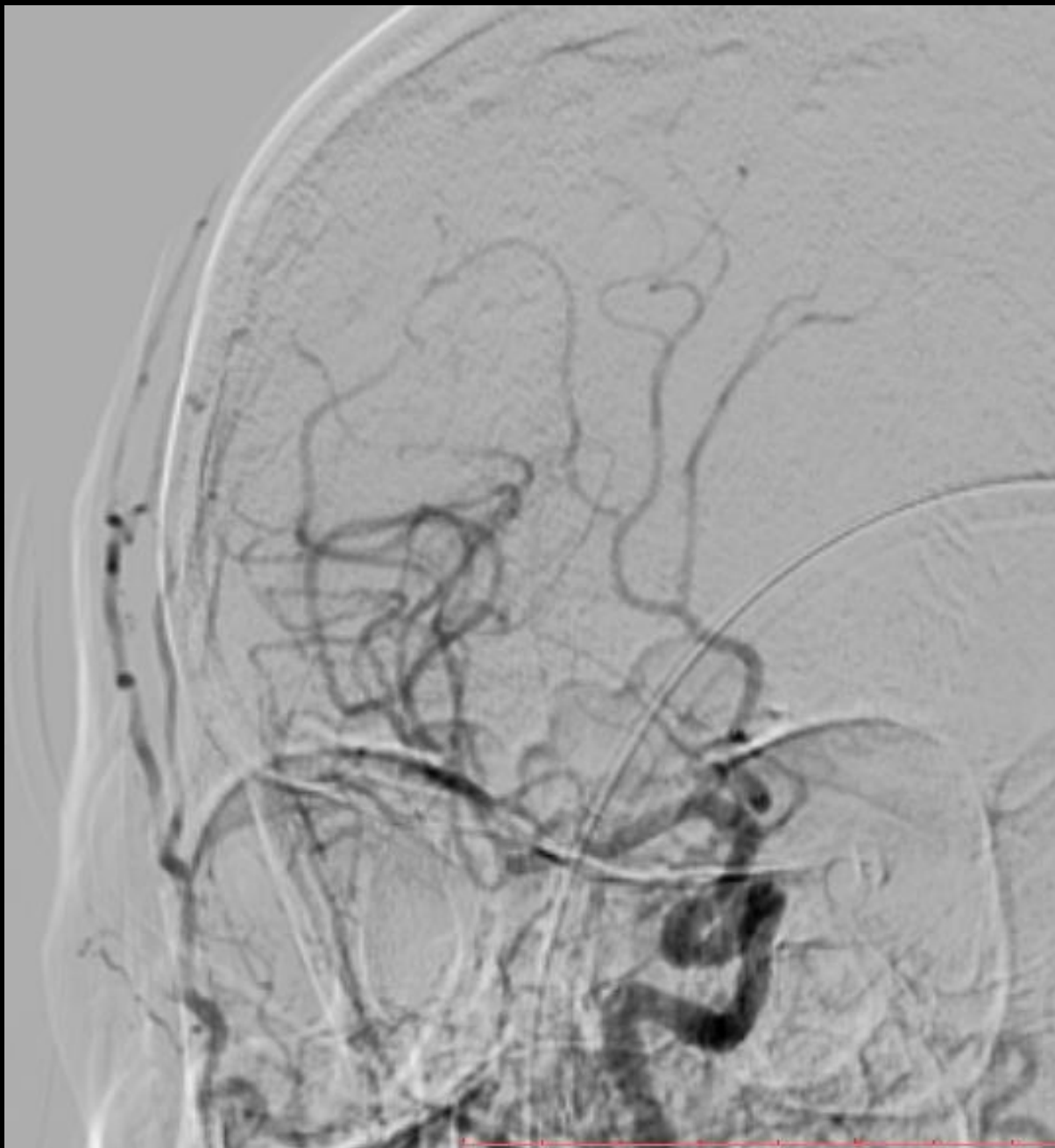


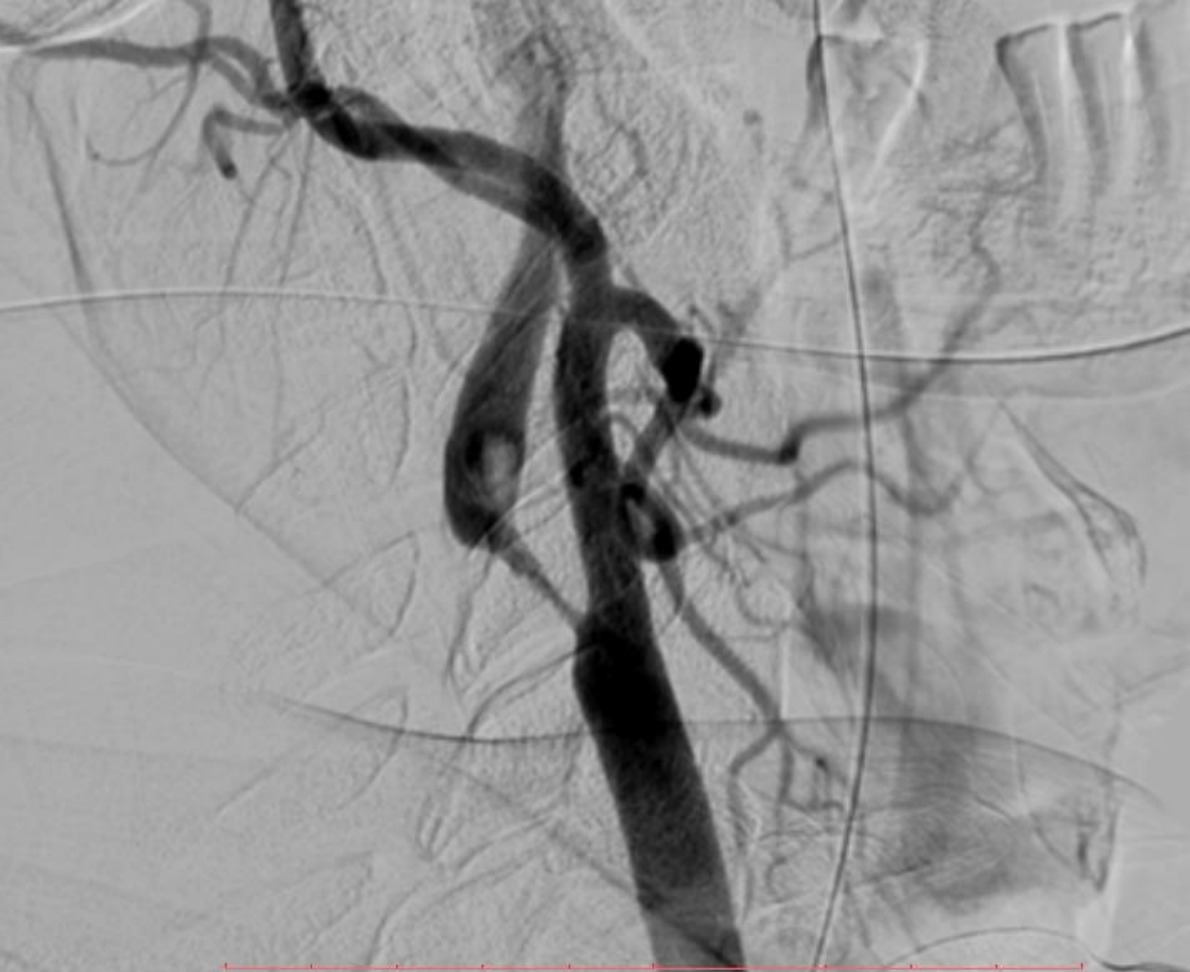


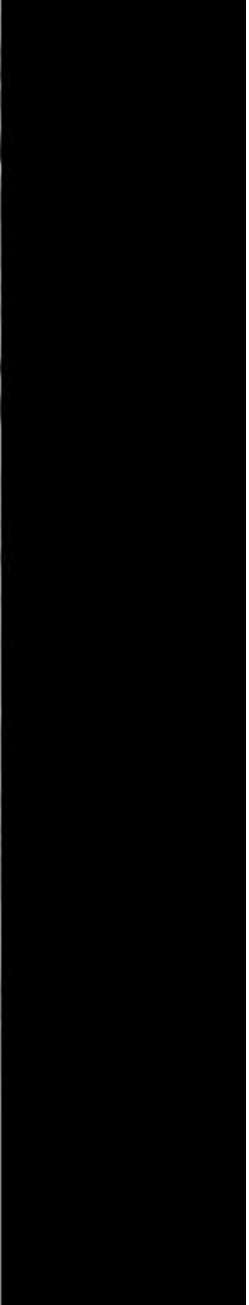
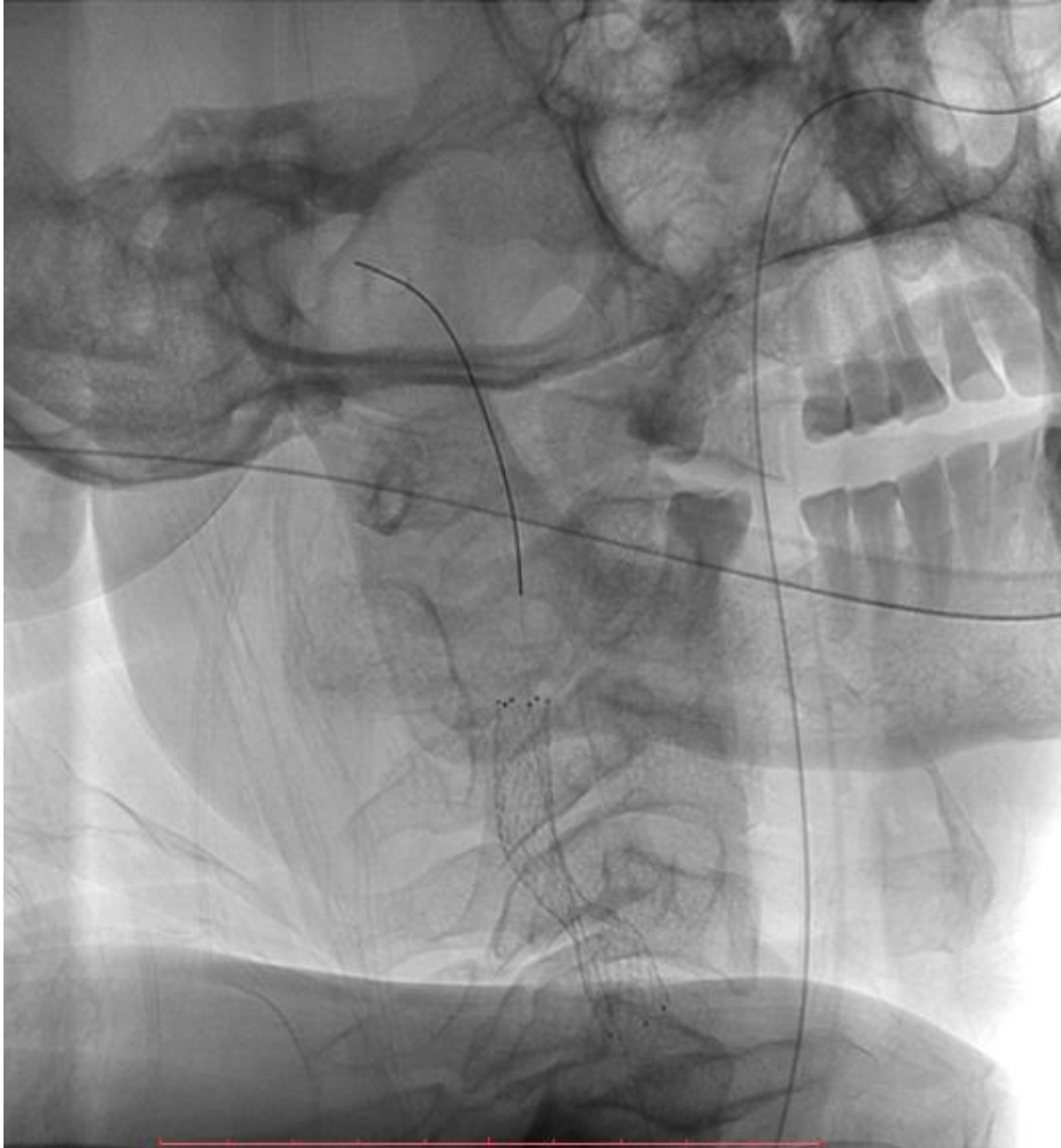












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Lessons learnt

- Repeat attempts difficult
- Poor flow makes assessment of reperfusion difficult

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Proximal First

- Pros:

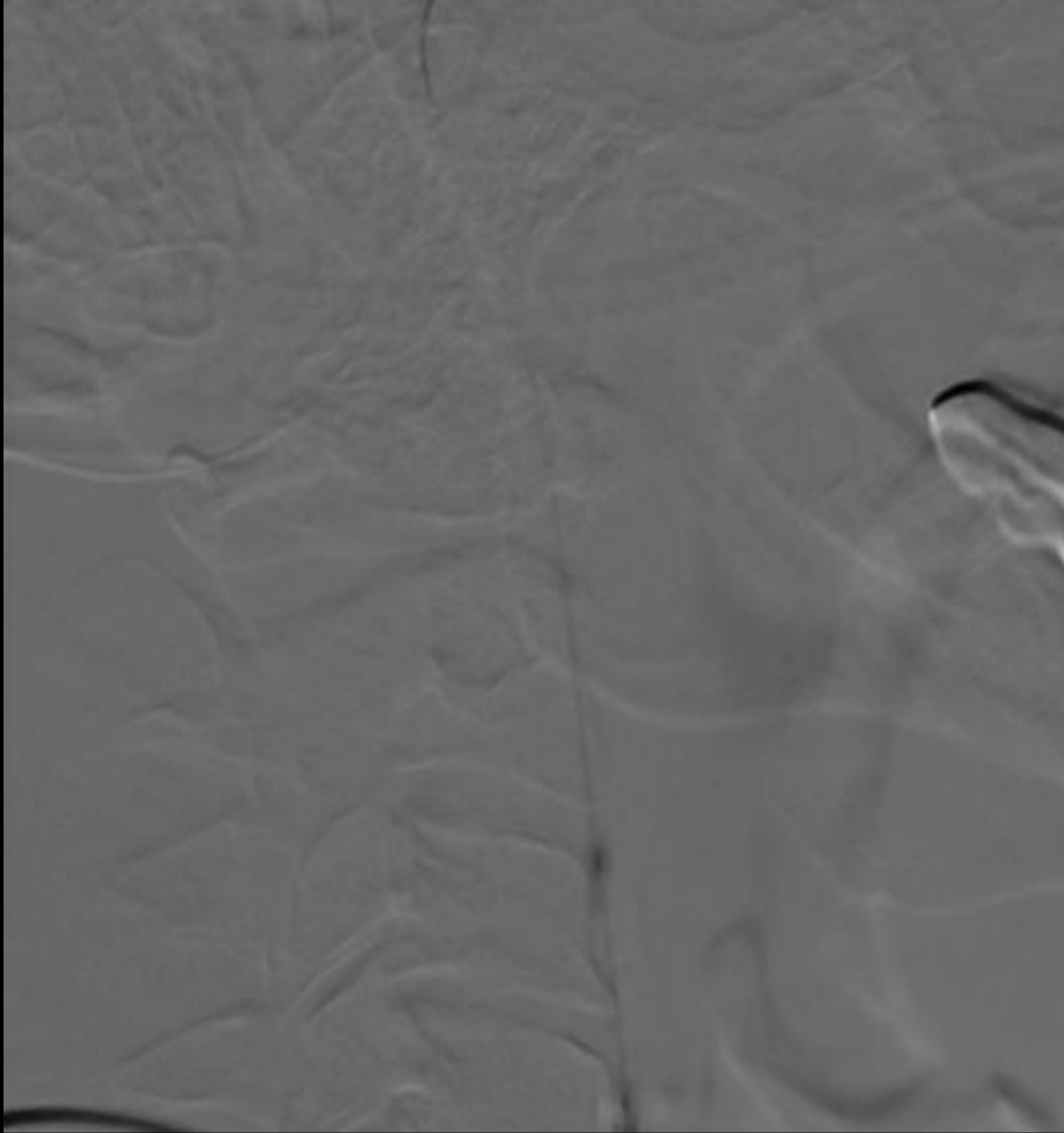
- More flexibility of device use
- Better collateral flow

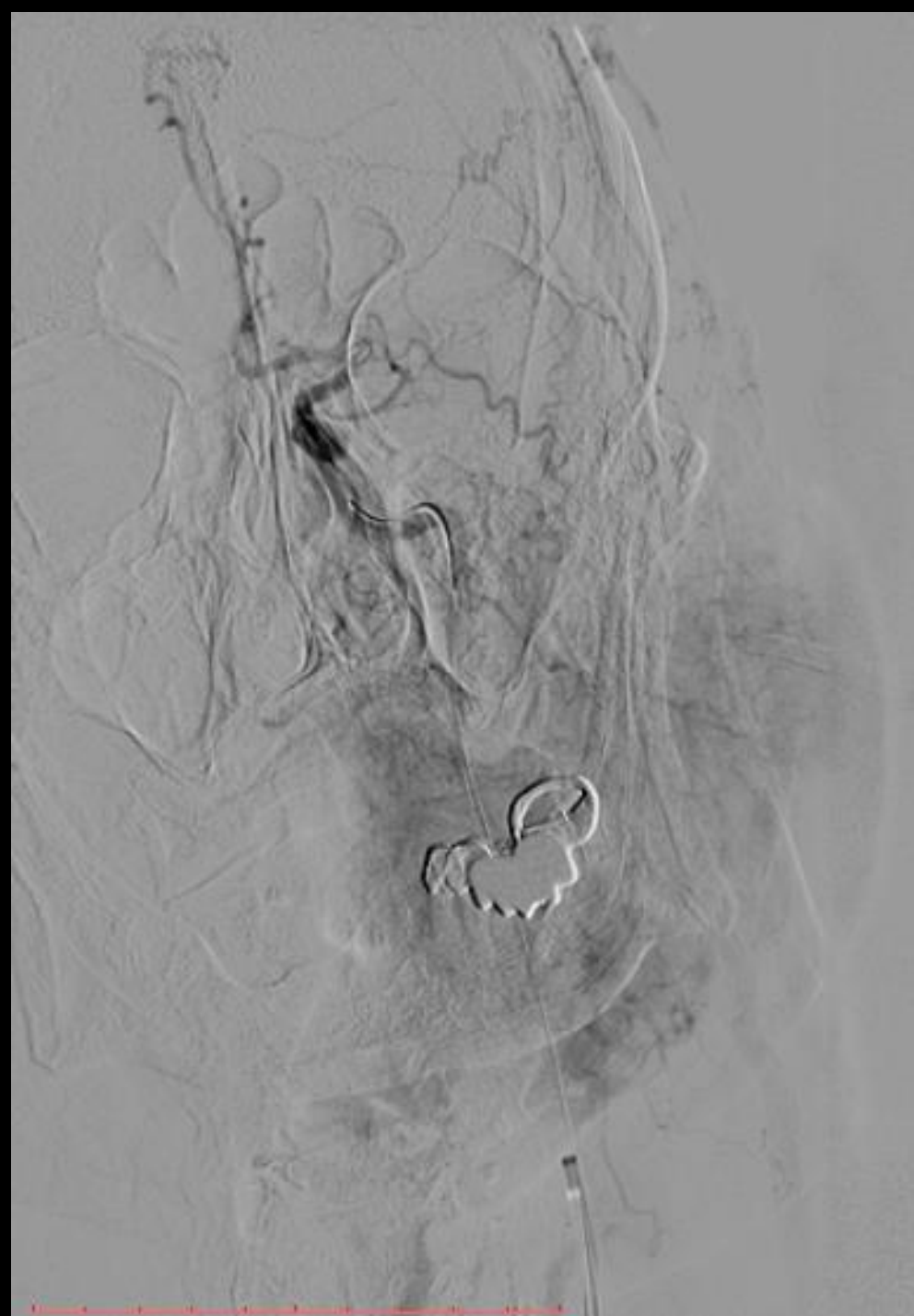
- Cons:

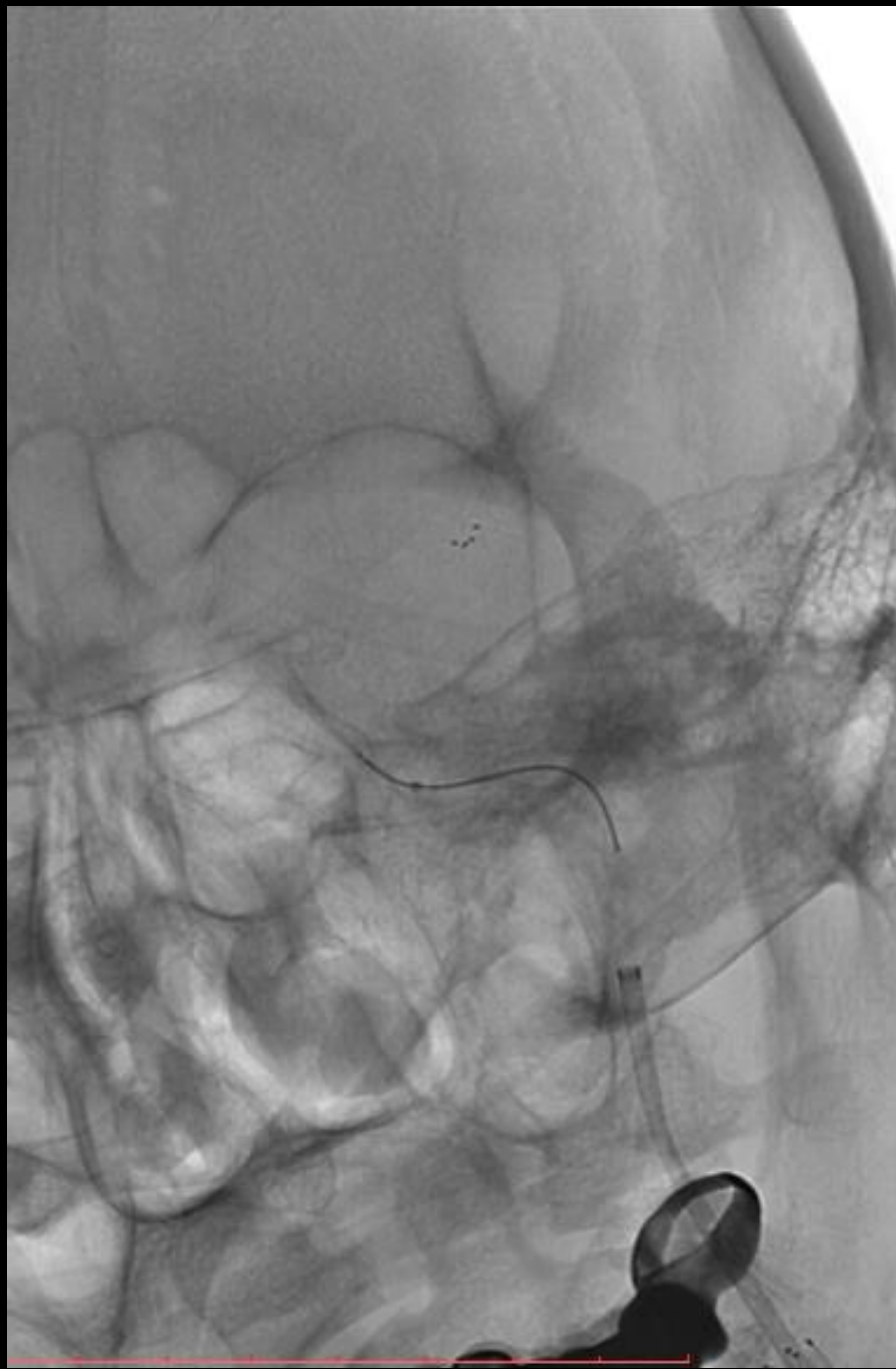
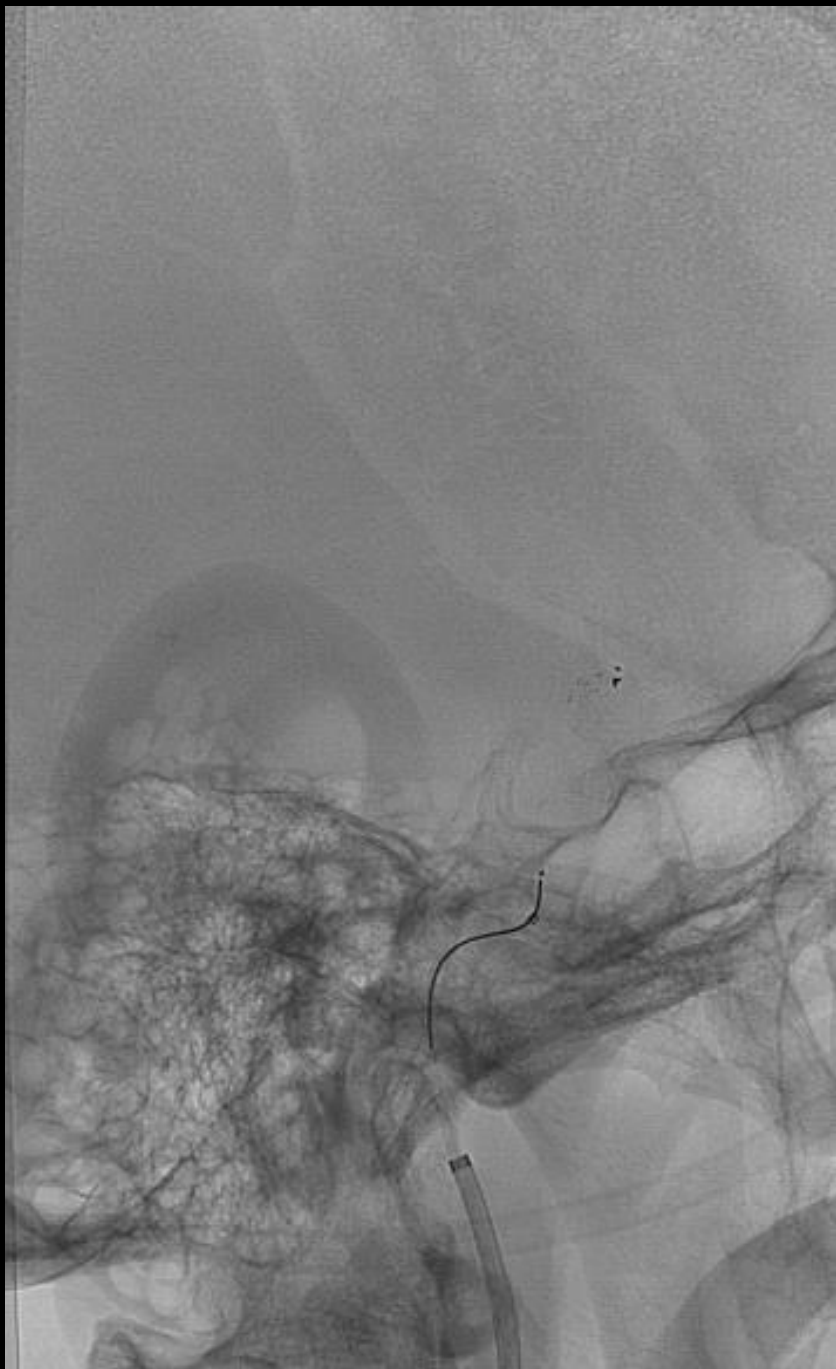
- More time to reperfusion
- More thromboembolic phenomenon



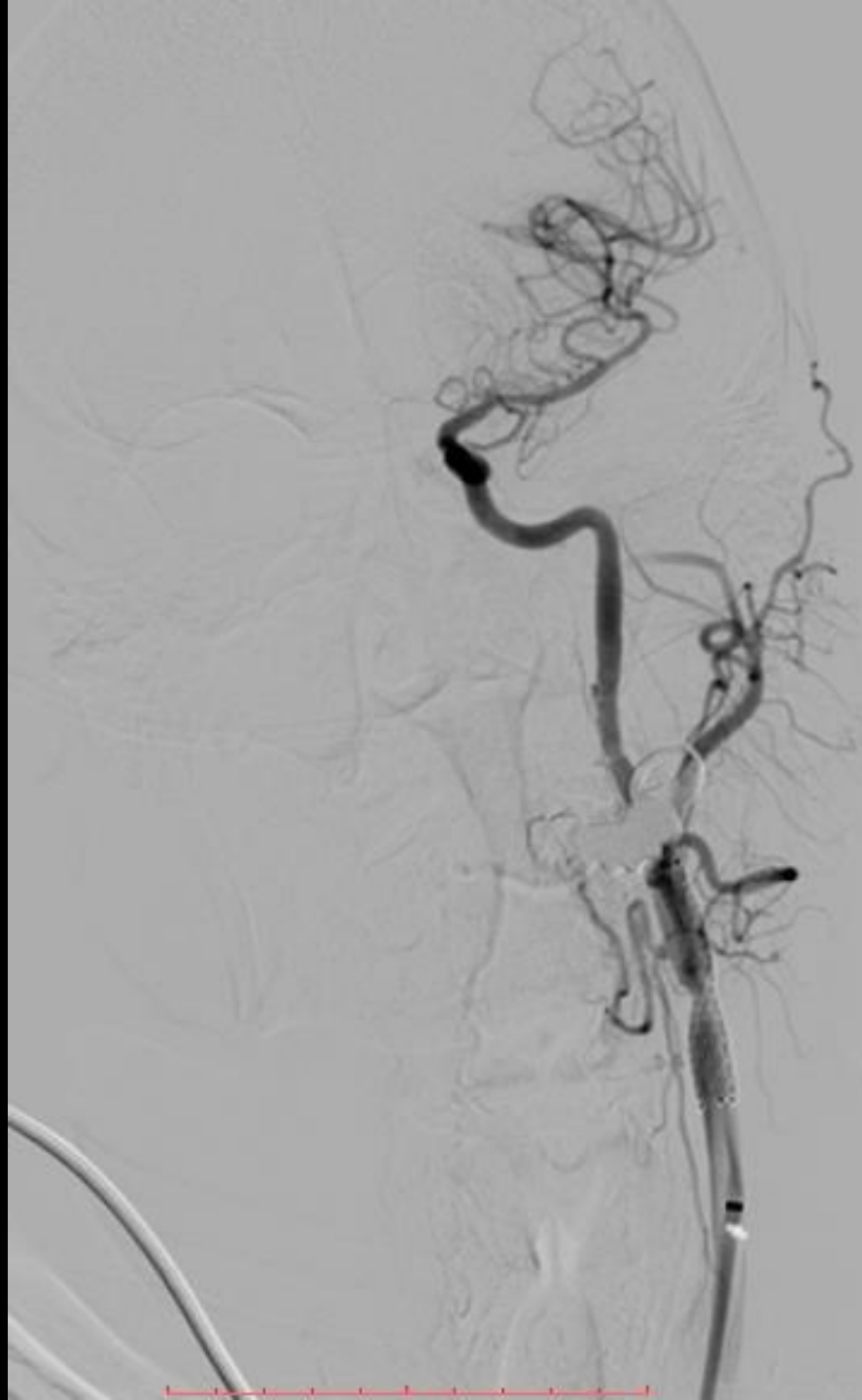
Proximal first

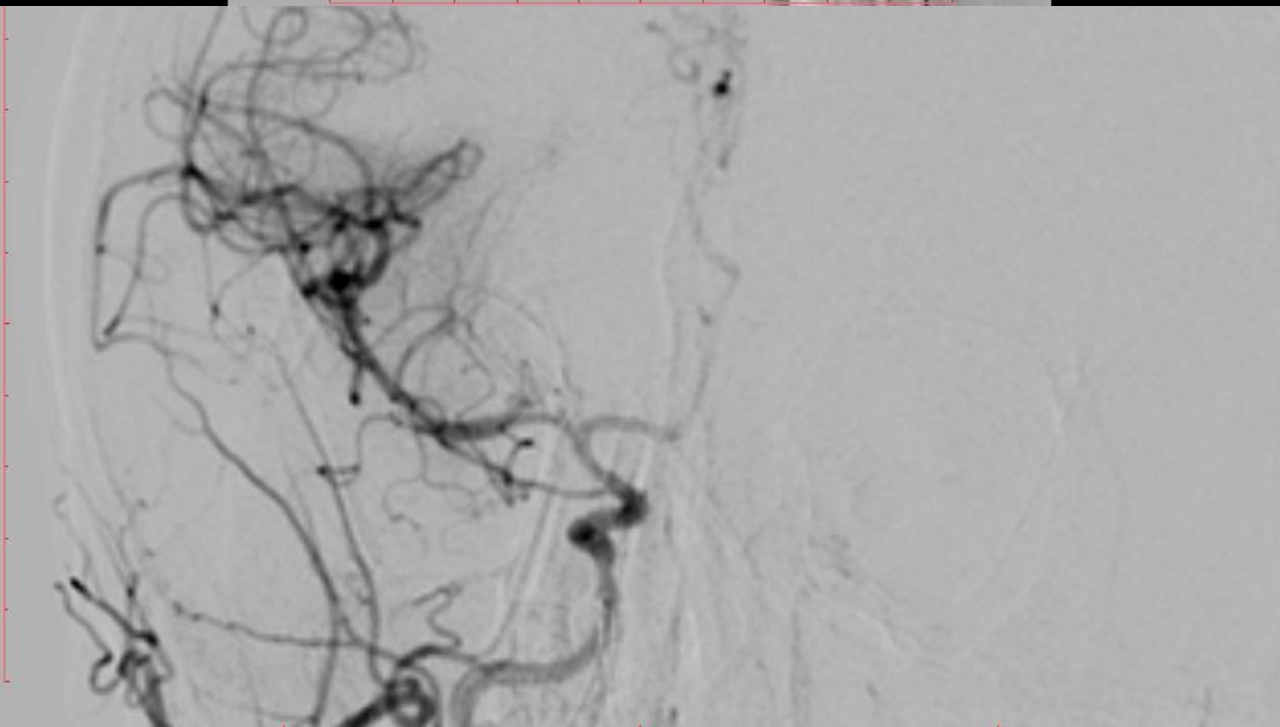
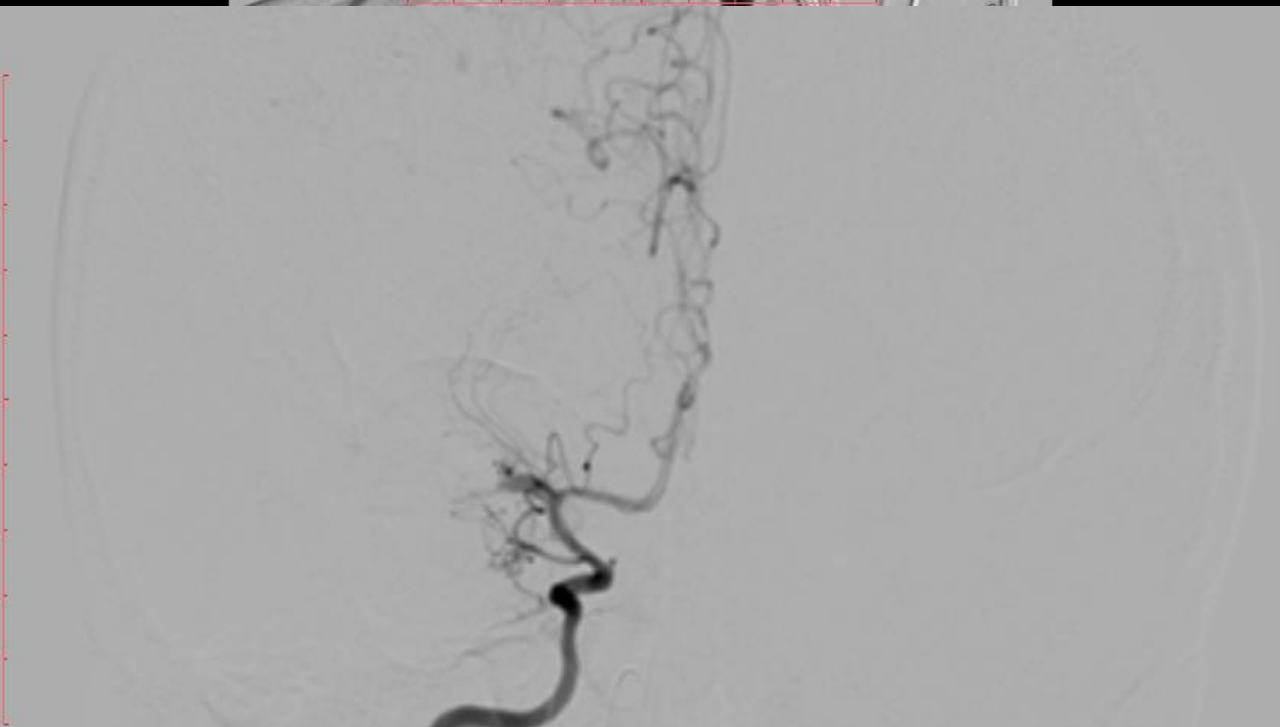














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Lessons learnt:

- Proximal first appears more attractive
- Complications like thrombo-embolism
- No consensus on anti-plats



REVIEW

Management of tandem occlusions in acute ischemic stroke – intracranial versus extracranial first and extracranial stenting versus angioplasty alone: a systematic review and meta-analysis

Mitchell P Wilson,¹ Mohammad H Murad,² Timo Krings,³ Vitor M Pereira,³
Cian O'Kelly,⁴ Jeremy Rempel,¹ Christopher A Hilditch,³ Waleed Brinjikji^{3,5}

To cite: Wilson MP,
Murad MH, Krings T, *et al.*
J NeurolIntervent Surg
2018;**10**:721–728.

Table 2 Meta-analysis outcome data for overall tandem occlusions treated with mechanical thrombectomy, intracranial first versus extracranial first approaches, and stenting versus angioplasty-only approaches

Outcome	Overall rate (95 CI, I ²)	Intracranial first (95 CI, I ²)	Extracranial first (95 CI, I ²)	P	Stenting (95 CI, I ²)	Angioplasty (95 CI, I ²)	P
90-day mRS ≤ 0-2	47% (42–51% 48%)	49% (39–60% 31%)	53% (44–61% 11%)	0.58	49% (42–56% 54%)	49% (33–65% 50%)	0.39
90-day mortality	15% (11–19% 48%)	15% (3–32% 41%)	8% (3–15% 22%)	0.28	10% (6–15% 36%)	13% (0–25% 43%)	0.27
TICI 2b/3	78% (73–82% 57%)	79% (60–93% 77%)	79% (69–88% 52%)	0.96	79% (72–86% 59%)	63% (49–96% 34%)	0.38
sICH	8% (6–11% 36%)	7% (2–15% 0%)	8% (3–15% 21%)	0.95	7% (5–30% 24%)	10% (1–19% 0%)	0.38
Procedure Related Complication	9% (4–16% 66%)	8% (1–20% 53%)	20% (9–21% 0%)	0.25	13% (5–22% 71%)	10% (1–18%0%)	0.87
Technical Success Rate of Carotid Revascularization	97% (90–100%71%)	89% (78–98% 0%)	97% (86–100% 71%)	0.31	96% (84–100% 79%)	97% (88–100% 0%)	0.89
TICI 3	36% (26–48% 71%)	26% (6–52% 72%)	18% (2–40% 75%)	0.55	27% (17–39% 41%)	NA	NA
Any ICH	23% (15–32% 82%)	NA	24% (2–54% 82%)	NA	19% (8–33% 84%)	20% (0–40% 60%)	0.39
Procedure Time in minutes	79 (70–88% 93%)	78 (54–101% 90%)	75 (53–97% 95%)	0.67	74% (62–87% 95%)	73 (64–82% 80%)	0.98

ORIGINAL RESEARCH

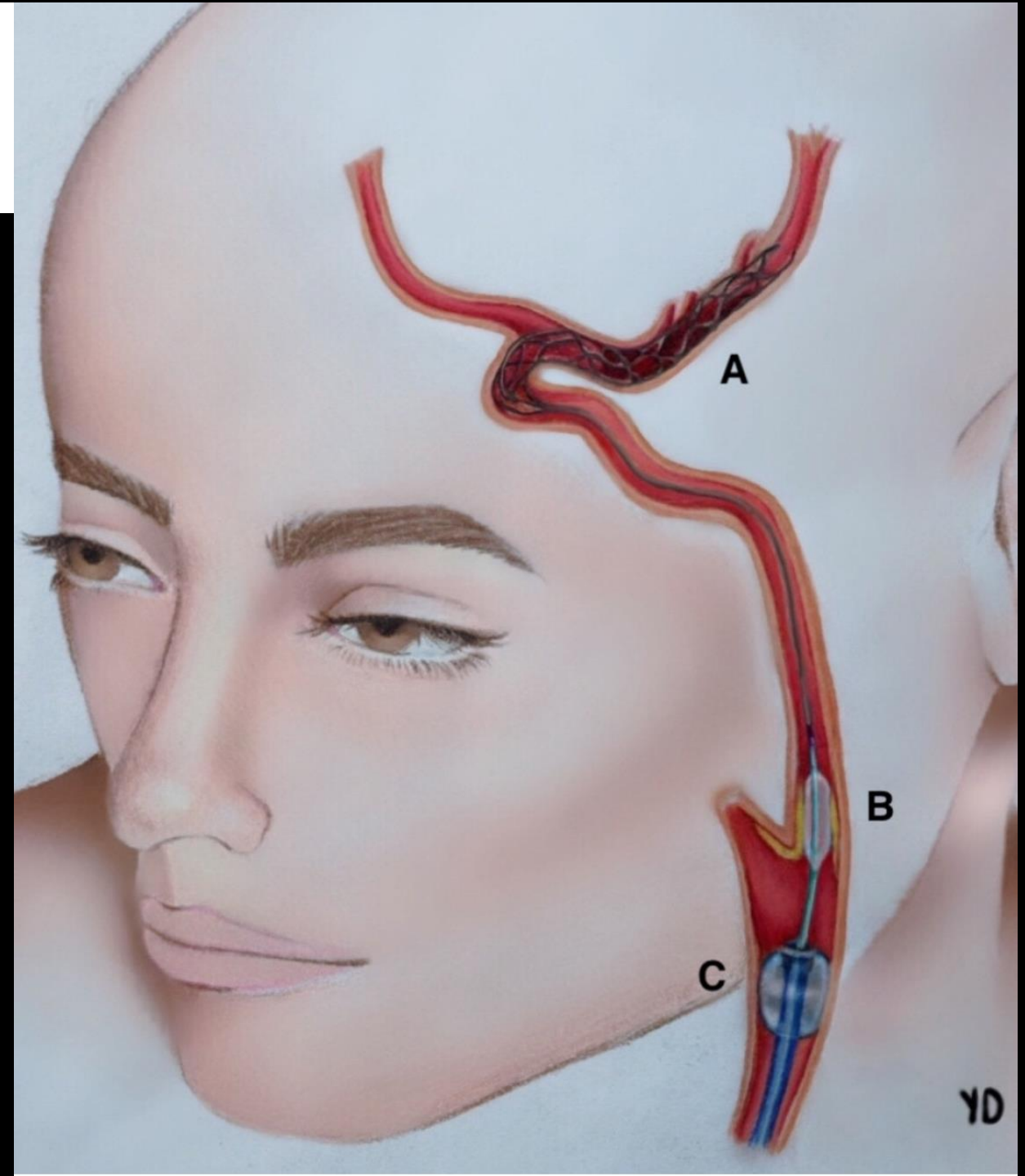
SEIMLESS: Simultaneous Extracranial, Intracranial Management of (tandem) LESSions in Stroke

Ali Sultan-Qurraie,¹ Taylor Witt,² Adam de Havenon,³ Marc Ribo,⁴ Osama O Zaidat⁵

To cite: Sultan-Qurraie A, Witt T, de Havenon A, *et al.* *J NeuroIntervent Surg* Epub ahead of print: [please include Day Month Year]. doi:10.1136/neurintsurg-2018-014403

SEIMLESS: Simultaneous Extracranial, Intracranial Management of (tandem) LESSions in Stroke

Ali Sultan-Qurraie,¹ Taylor Witt,² Adam de Havenon,³ Marc Ribo,⁴ Osama O Zaidat⁵



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Thank you



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