

How to do acute stroke interventions - Part II

Lessons learned – case based lectures: Case 4

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DISCLOSURE STATEMENT OF FINANCIAL INTEREST

None



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I, Shriram Varadharajan DO NOT have a financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation.



CASE 4

48 years male patient

K/C/O HT/DM;

Sudden onset of headache & vomiting

GCS 9/15

Imaging Investigations – CT & MRI



STROKE WINDOWS





STROKE WINDOWS

AH

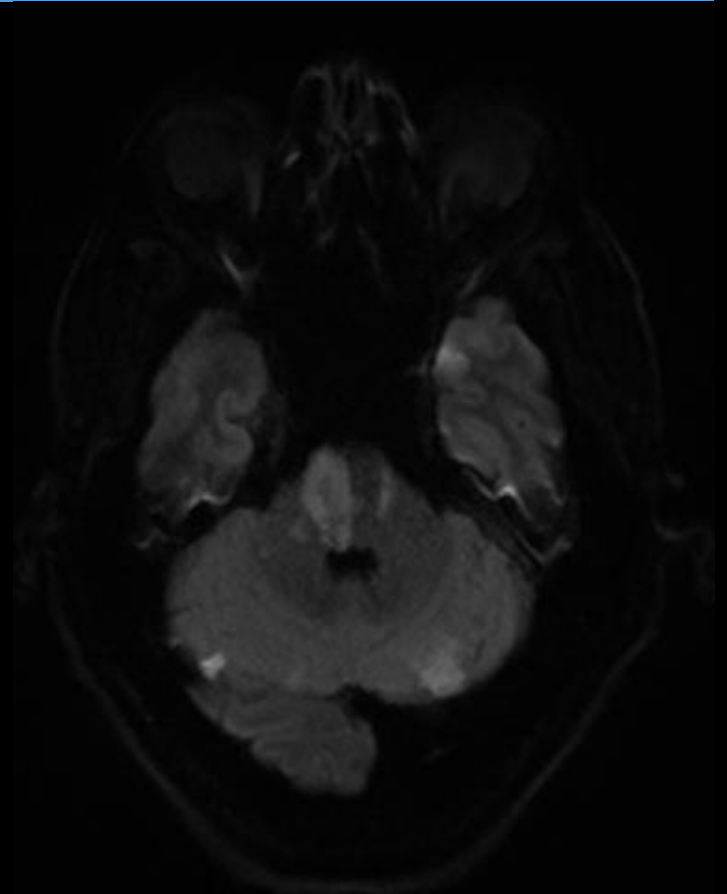
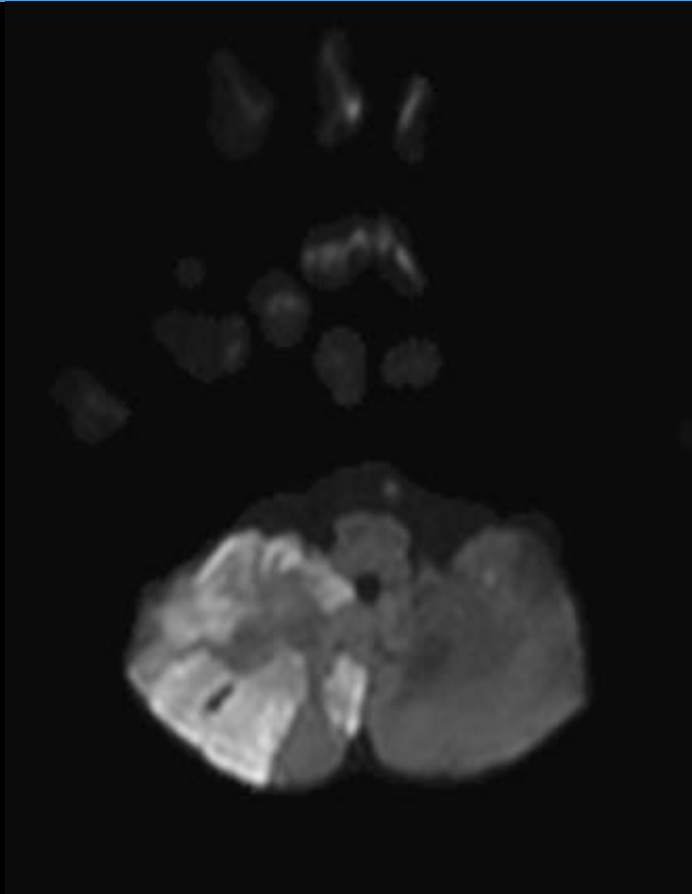


PF



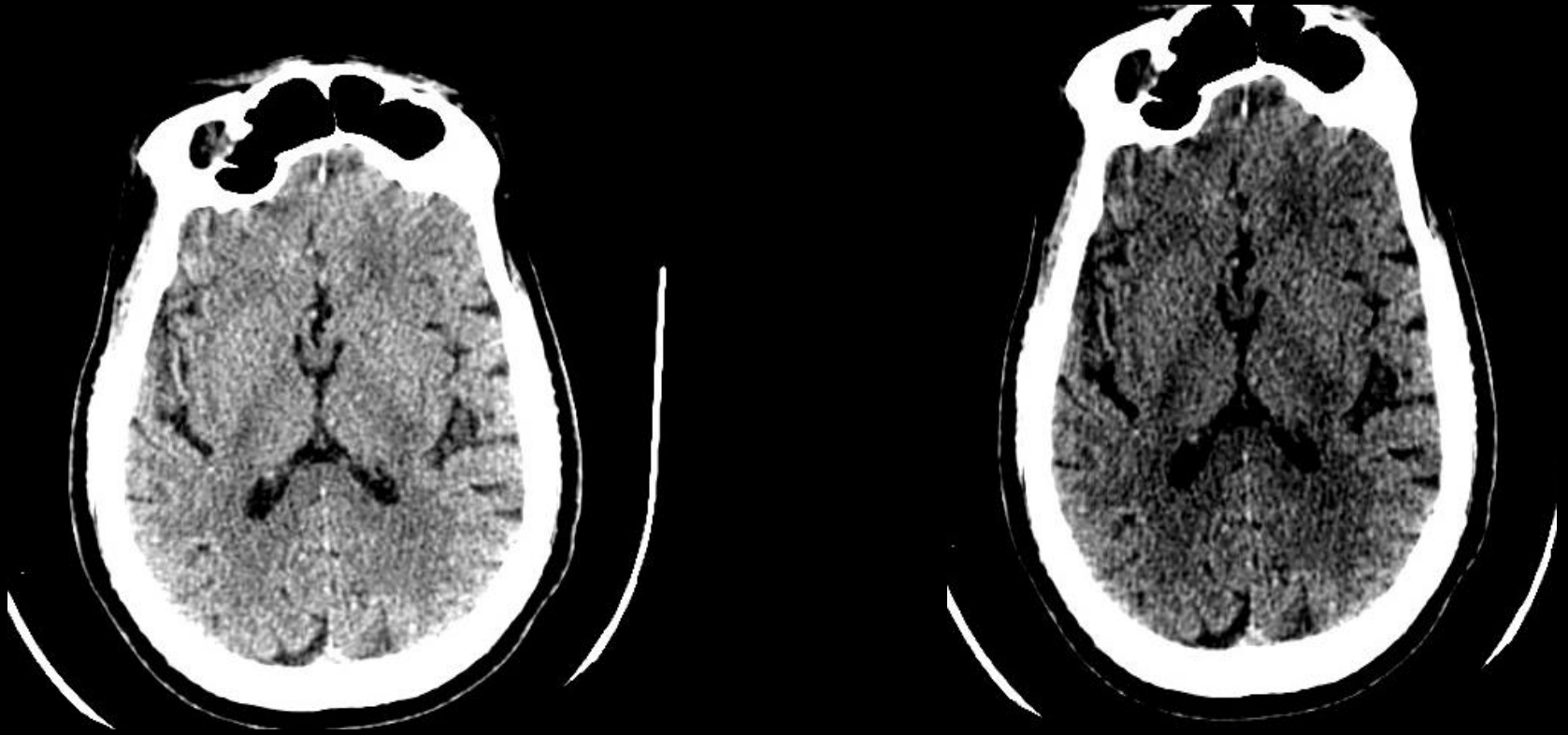


MRI LOGICAL CHOICE



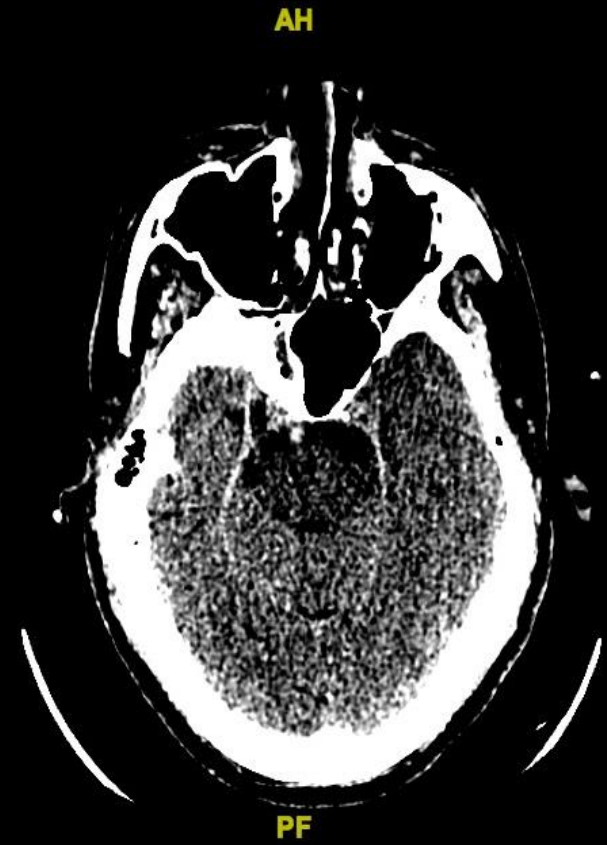


ANTERIOR CIRCULATION





LVO



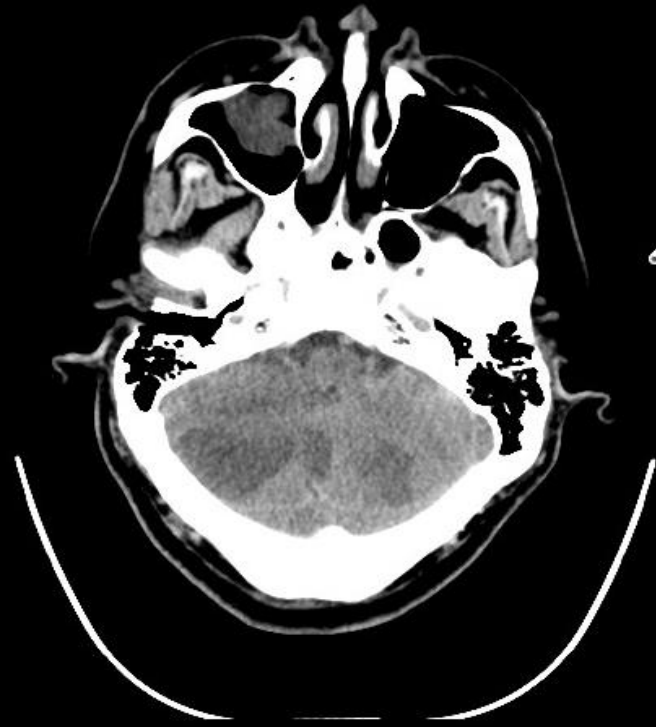


ICAD

AH



PF







Procedure and Hardware

7F long sheath

ACE 68 aspiration catheter

XT 27 microcather

Traxcess 14 microwire

Gp IIb/IIIa inhibitor



DSA





ICAD



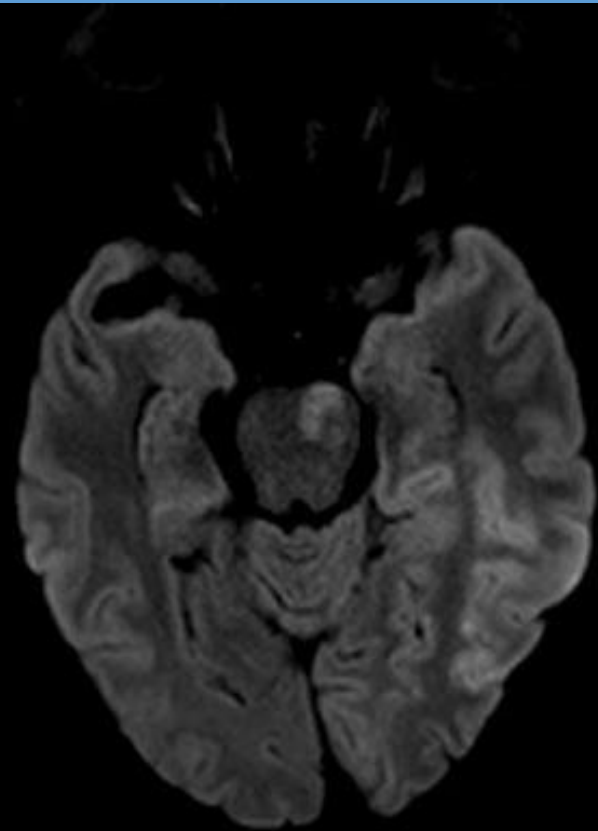
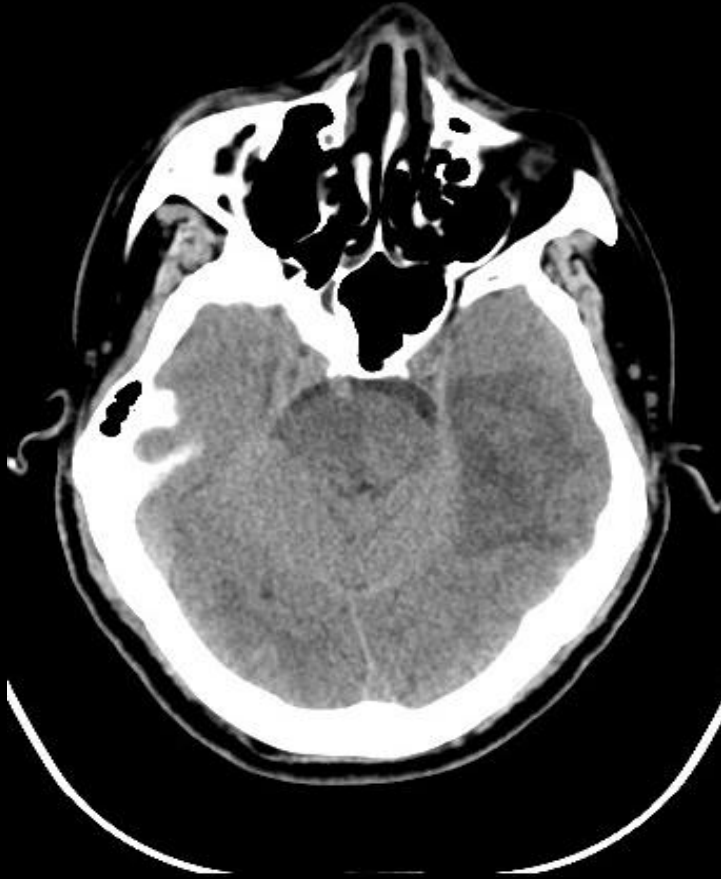


ICAD





Follow up





Follow up

Follow up GCS E3M5VT

Antiplatelet

Antiedema

Supportive care

Discharged against medical advice

Travel risk explained

At Discharge pupils B/L 2+, E2M5VT

Controlled ventilation



Companion Case

75 years male

RT sided weakness and sensory aphasia

RT decreased vision

Slurred speech

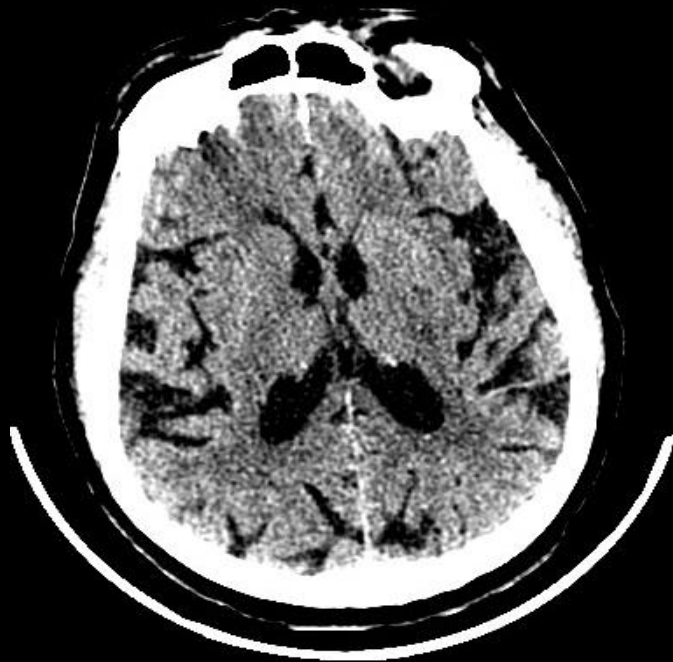
Power RT UL/LL - 4/5

Thrombolysed (Tenecteplase)

Overnight fluctuations in power

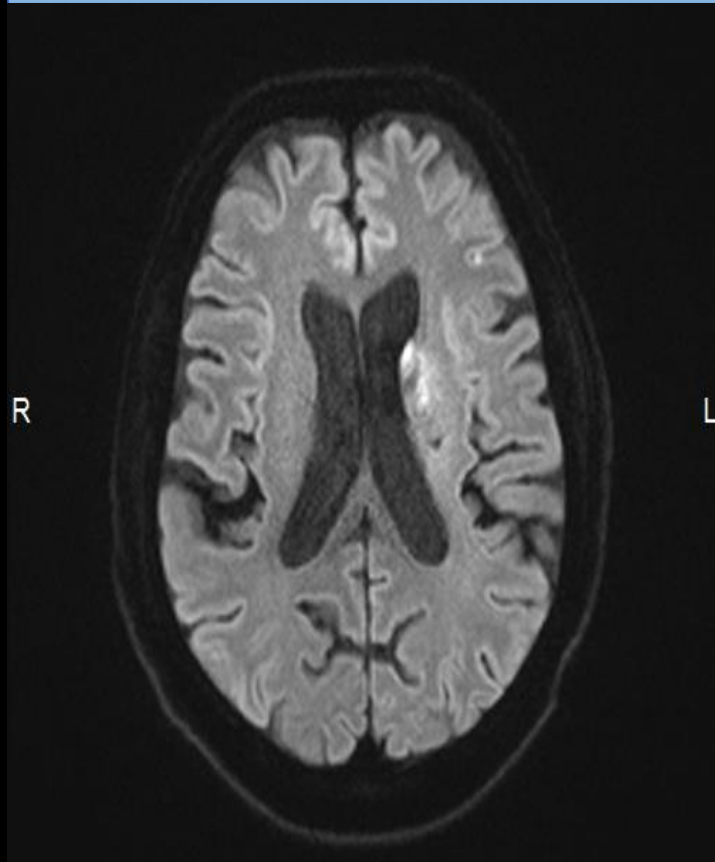


CT



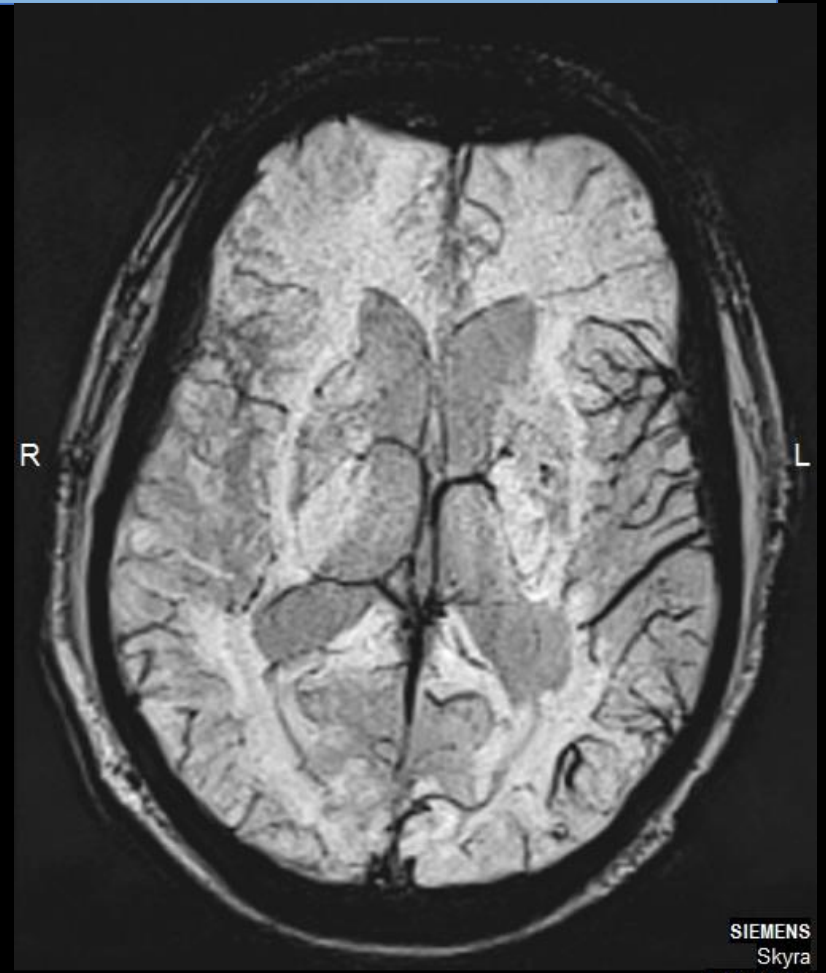
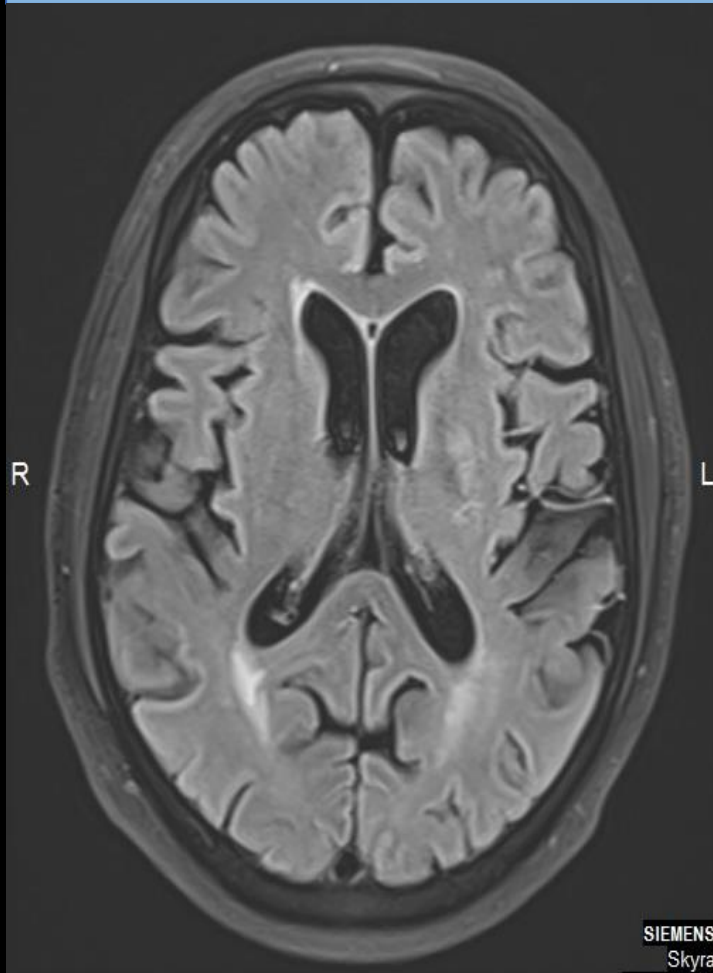


MRI



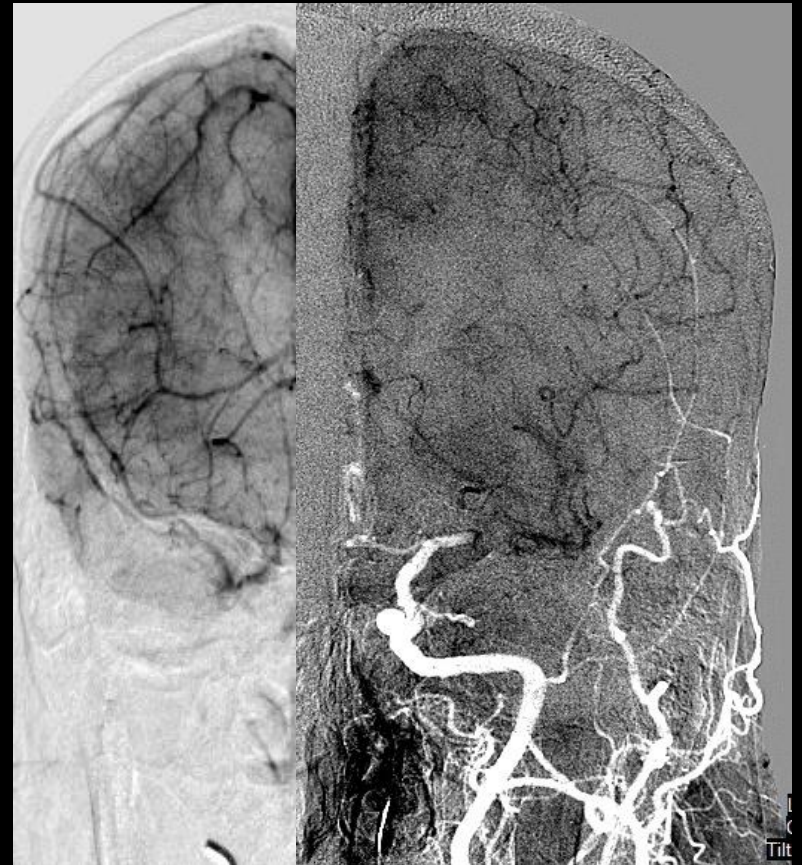


COLLATERALS





COLLATERALS



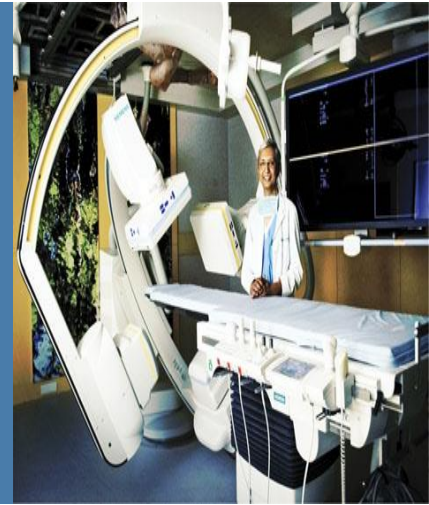


Points to ponder

- Anterior vs posterior circulation
- CT vs MRI
- ICAD and Collaterals
- Technical considerations including rescue therapy



THANK YOU



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