

## Estenosis de la arteria basilar-Ictus isquémico agudo.

- Clínica de comienzo brusco en su domicilio
- Mareo.
- Giro de objetos .
- Náuseas.
- Vómitos.
  
- Posteriormente:
- Pérdida de consciencia.
- Disartria.
- Paresia facial.
  
- En urgencia se activa Código Ictus.

Clin Neuroradiol  
DOI 10.1007/s00062-014-0303-9

ORIGINAL ARTICLE

### **Acute Basilar Artery Occlusion with Underlying High-Grade Basilar Artery Stenosis: Multimodal Endovascular Therapy in a Series of Seven Patients**

**D. Behme · W. Weber · A. Mpotsaris**

Received: 18 October 2013 / Accepted: 18 March 2014  
© Springer-Verlag Berlin Heidelberg 2014

J Neurol (2015) 262:410–417  
DOI 10.1007/s00415-014-7583-5

ORIGINAL COMMUNICATION

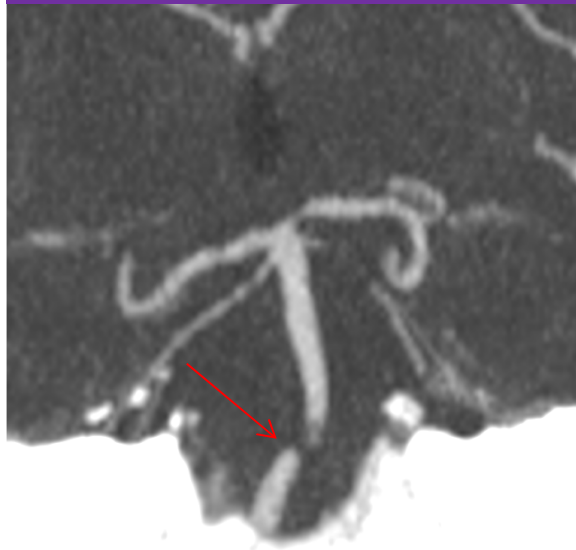
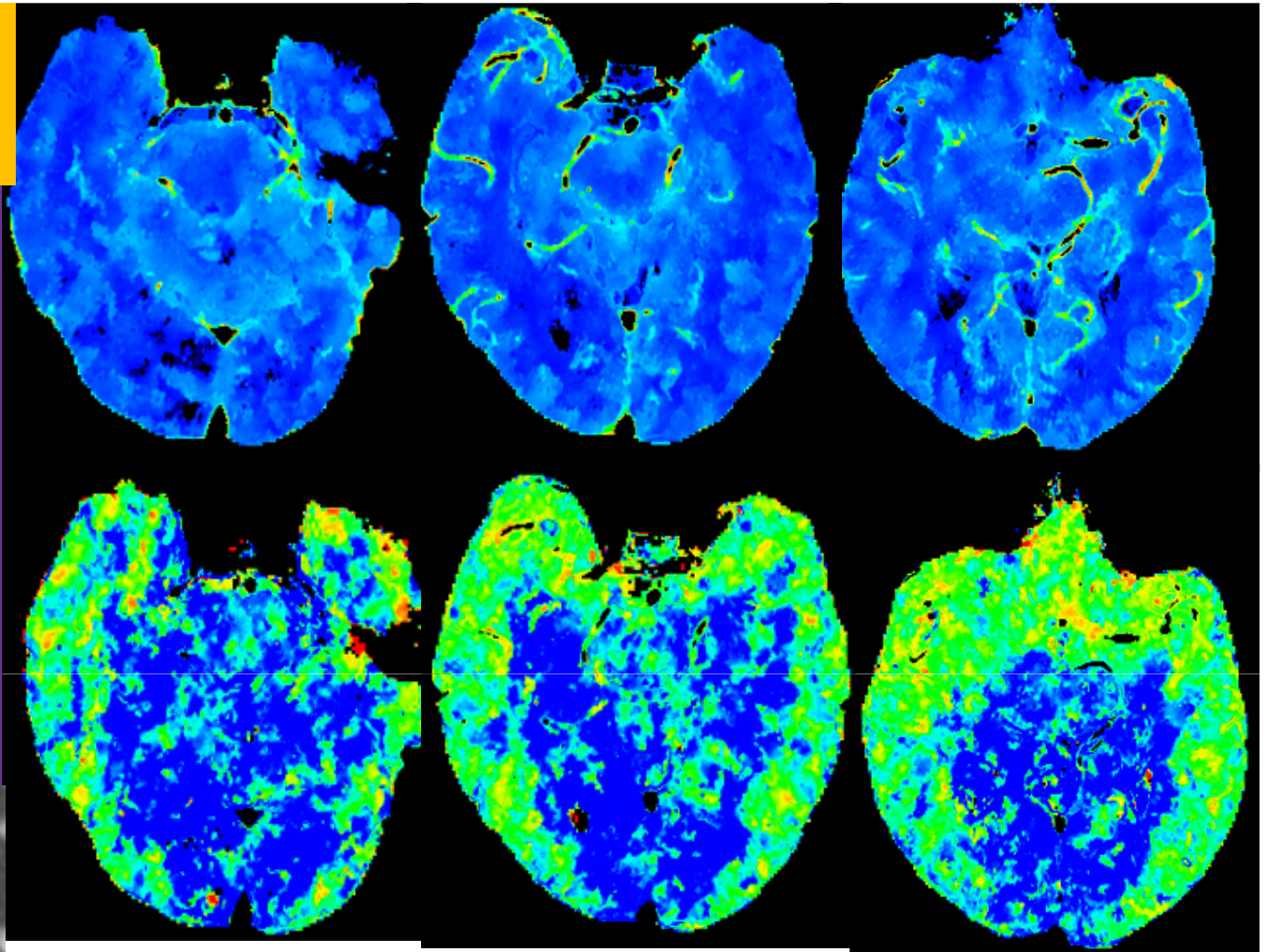
### **Vertebral artery stenosis in the Basilar Artery International Cooperation Study (BASICS): prevalence and outcome**

**Annette Compter · Erik J. R. J. van der Hoeven · H. Bart van der Worp · Jan Albert Vos · Christian Weimar · Christina M. Rueckert · L. Jaap Kappelle · Ale Algra · Wouter J. Schonewille · BASICS Study Group.**

Received: 5 October 2014 / Revised: 9 November 2014 / Accepted: 11 November 2014 / Published online: 25 November 2014  
© Springer-Verlag Berlin Heidelberg 2014

## Estenosis de la arteria basilar-Ictus isquémico agudo.

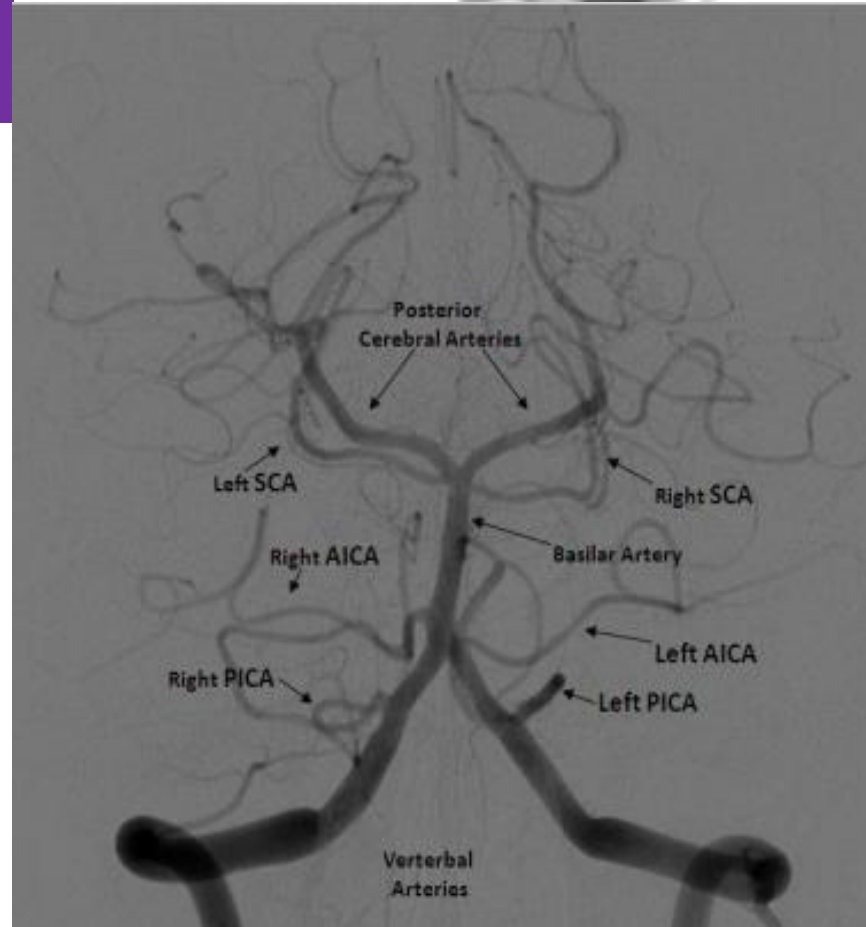
- **Tc multimodal:**
- **Tc Perfusión:**
- Tiempo de Tránsito Medio - penumbra del territorio vertebrobasilar.
- Volumen sanguíneo cerebral, -infarto parasagital occipital derecho.
- **Angio Tc:**
- Estenosis del tercio medio de la arteria basilar con defecto de repleción sugerente de trombo.



## Arteriografía cerebral control pre tratamiento.

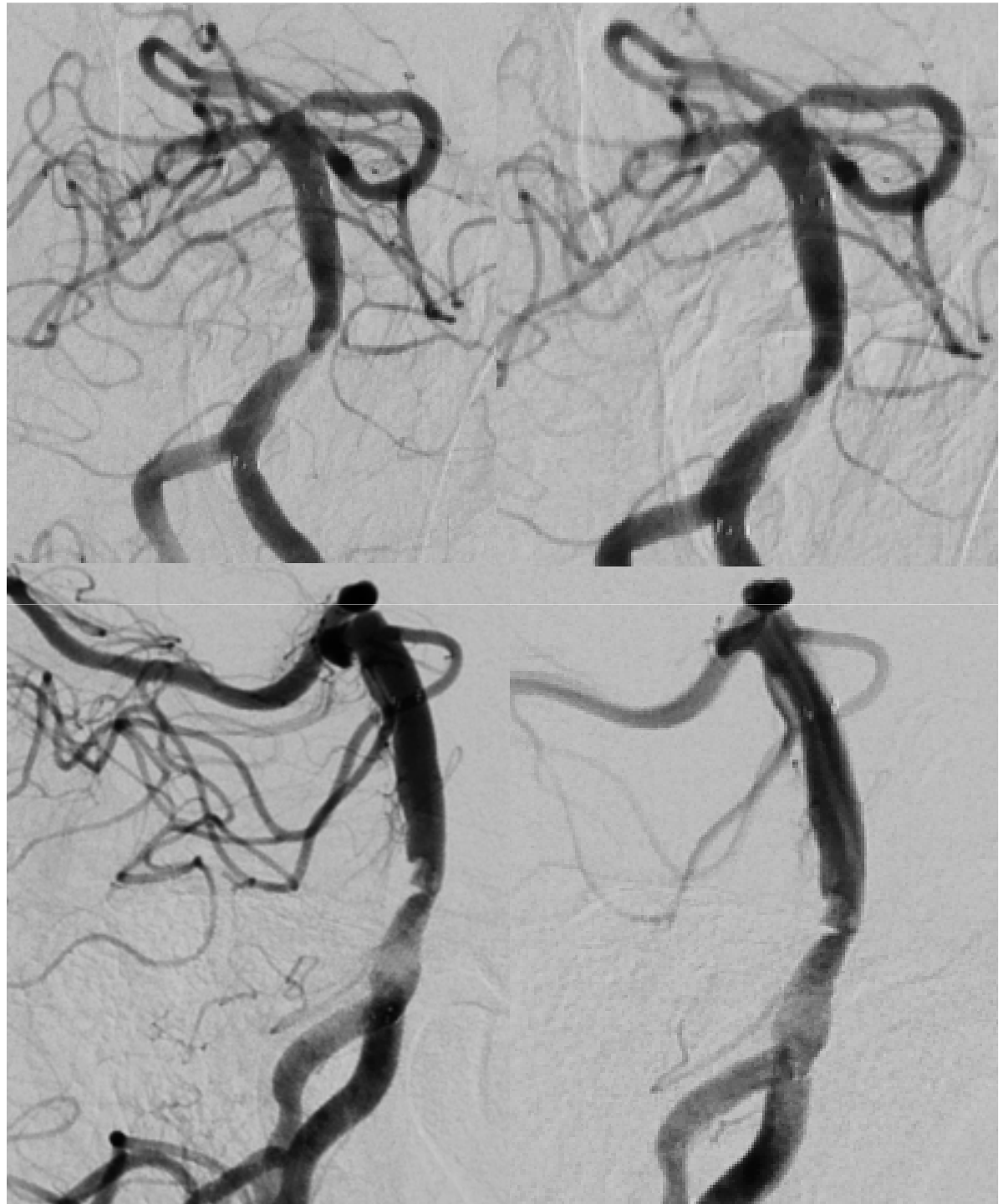
Arteriografía cerebral:

Estenosis , corta, preclusiva del tercio medio de la arteria basilar con trombo a nivel de la estenosis .



## Arteriografía cerebral control post angioplastia-stenting.

Angioplastia con balón Gateway 2,5mm y luego liberación de Stent Neuroform 4,0 mm x 30 mm con reapertura parcial del tronco basilar.



## Endovascular Treatment and the Outcomes of Atherosclerotic Intracranial Stenosis in Patients With Hyperacute Stroke

Woong Yoon, MD, PhD\*

Seul Kee Kim, MD\*

Man Seok Park, MD, PhD†

Byeong Chae Kim, MD, PhD†

Heoung Keun Kang, MD, PhD\*

\*Department of Radiology and  
†Department of Neurology, Chonnam  
National University Medical School,  
Chonnam National University Hospital,  
Dong-gu, Gwangju, Republic of Korea

### Correspondence:

Woong Yoon, MD, PhD,  
Department of Radiology,  
Chonnam National University Hospital,  
671 Jebong-ro, Dong-gu, Gwangju,  
501-757, Republic of Korea.  
E-mail: wdyoon@jnu.ac.kr

Received, November 7, 2014.

Accepted, January 10, 2015.

Published Online, February 17, 2015.

Copyright © 2015 by the  
Congress of Neurological Surgeons.

**BACKGROUND:** The importance of underlying atherosclerotic intracranial artery stenosis (ICAS) in hyperacute stroke patients who receive endovascular therapy remains unknown.

**OBJECTIVE:** To report and compare the outcomes of multimodal endovascular therapy in patients with hyperacute stroke with and without underlying ICAS.

**METHODS:** A total of 172 consecutive patients with acute stroke were treated with multimodal endovascular therapy that was heavily weighted toward stent-based thrombectomy. Patients with ICAS underwent emergent intracranial angioplasty or stenting. Data were compared between patients with and without ICAS. Revascularization was defined as Thrombolysis in Cerebral Infarction grade  $\geq 2b$ . A favorable outcome was defined as a modified Rankin Scale score  $\leq 2$  or equal to the premorbid modified Rankin Scale score at 3 months.

**RESULTS:** ICAS was responsible for acute ischemic symptoms in 40 patients (22.9%). Revascularization and favorable outcome occurred more frequently in the ICAS group than in the control group (95% vs 81.8%,  $P = .04$ ; 65% vs 40.2%,  $P = .01$ , respectively). The median baseline National Institutes of Health Stroke Scale score was significantly lower in the ICAS group compared with the control group (10 vs 12;  $P = .002$ ). There were no significant differences between the 2 groups in the rates of symptomatic hemorrhage and mortality.

**CONCLUSION:** Emergent intracranial angioplasty with or without stenting is safe and feasible and yields a high rate of revascularization and favorable outcome in patients with hyperacute stroke and underlying ICAS. Patients with underlying ICAS have less severe infarctions at presentation and higher successful revascularization after multimodal endovascular therapy in the setting of hyperacute stroke compared with those with other stroke subtypes.

**KEY WORDS:** Angioplasty and stenting, Intracranial atherosclerosis, Stroke, Thrombectomy