



A Young Patient with Basilar Artery Stroke: Thrombectomy Under 5 Minutes Using React™ 68 for Thromboaspiration

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Clinical Presentation

A 24 year old male developed sudden onset of expressive dysphasia and slurred speech when he got up to go to the toilet. The patient was brought to the Royal Stoke University Hospital at early hours of the morning at 03:00 hours with a suspected stroke 3 hours after symptom onset. The stroke team met the patient at the A&E department and immediate examination revealed a NIHSS score of 4. This worsened to a NIHSS score of 6 as the patient developed limb ataxia, facial palsy and dysarthria. The patient had a history of smoking 10 to 15 cigarettes per day and also takes cocaine occasionally.

A CT head and a CT angiogram aortic arch to circle of Willis were performed as per the institutions protocol (Figure 1 and 2).

Imaging Findings

Thrombectomy setup

Sanjeev Nayak performed the case under 5 minutes with:

- Penumbra 088 90 Neuron Max
- Medtronic React™ 68 Aspiration Catheter (Figures 3-5).

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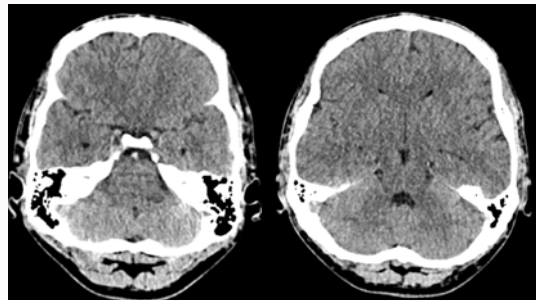


Figure 1: Plain CT Head: Showed hyper-dense basilar artery without any areas of established ischemia.



Figure 2: CT Angiogram: Showed a mid-basilar occlusion.

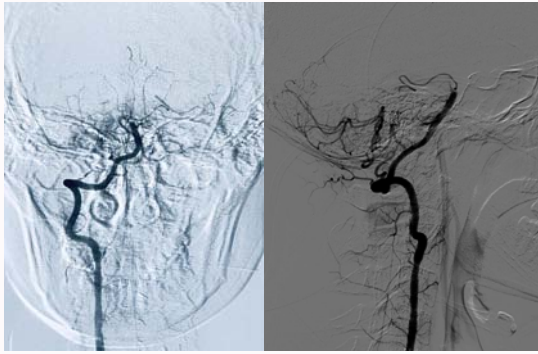


Figure 3: AP view and lateral view of the right vertebral artery: The angiogram shows mid-basilar occlusion.

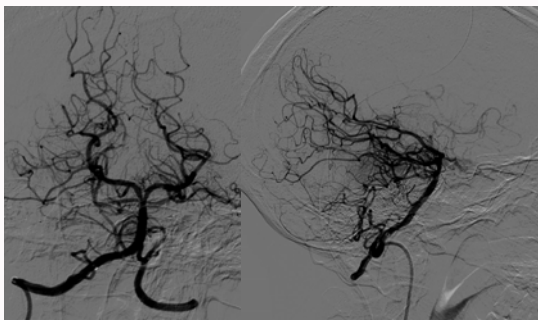


Figure 4: Post-procedure AP and lateral view of the posterior circulation cerebral arteries: The basilar artery is revascularised with a single pass TIC1 3. The React™ aspiration catheter is seen in position which was used for thromboaspiration.

Post Procedure and Patient Outcome

Patient underwent immunology screen, MRI head, and ECHO investigations. All infections screens were negative. 24 hour tape was

Select	Exam	Event Log	Run Log
1	IC	COXG	Cerebral, Spine ECD
2	IC	COXG	Cerebral, Spine ECD

Frontal	
Cumulative Air Kerma	58.61 mGy
Selected Exposure Prefilter	0.10 mm Cu + 1.00 mm Al
Selected Fluor Prefilter	0.90 mm Cu + 1.00 mm Al



Figure 5: Procedure performed under 5 minutes. The retrieved thrombus is shown.

negative. No etiology was identified. Patient was started on aspirin 300 mg for 2 weeks then clopidogrel 75 mg to continue.

Patient made a very good recovery within 24 hours and was discharged home within 48 hours. NIHSS on discharge 01 due to minor facial palsy. Patient will be followed-up in stroke clinic in 4 to 6 weeks time.