Mechanical Thrombectomy in a Suspected COVID Patient

Sanjeev Nayak*
Department of Neuroradiology, University Hospitals of North Midlands NHS Trust, UK

Clinical Image
A 75 year old patient was found on the floor with left sided weakness and left facial droop. The patient was brought to the Royal Stoke University Hospital 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 8. Patient also had a mild fever and a new onset cough. Patient had a past medical history of hypertension. A CT Head and a CT angiogram aortic arch to circle of Willis were performed as per the institutions protocol. A review of the lung apices on the CT angiogram showed a ground glass appearance and a CXR showed changes suspicious of COVID-19 (Figures 1-4).

Thrombectomy Setup
Sanjeev Nayak performed the case with:
• Penumbra 088 90 Neuron Max
• Medtronic React™ 71 Aspiration Catheter
• Medtronic Phenom™ 21
• Medtronic 4 mm × 20 mm Solitaire™ X revascularization device
• Full PPE (personal protective equipment) was used by operator and staff due to COVID-19 suspicion.
• Procedure performed under local anesthetic due to >25% risk of mortality with general

OPEN ACCESS

*Correspondence:
Sanjeev Nayak, Department of Neuroradiology, University Hospitals of North Midlands NHS Trust, Newcastle Road, Staffordshire, ST4 6QG, UK, Tel: 01782 675862; Fax: 08442448569; E-mail: sanjeev.nayak@uhnm.nhs.uk
Received Date: 01 Jul 2020
Accepted Date: 17 Jul 2020
Published Date: 24 Jul 2020

Citation:
ISSN: 2474-1655
Copyright © 2020 Sanjeev Nayak. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

- Deep cleaning of the angiographic suite was performed following the procedure.

**Angiogram Images**

AP view of the right ICA injection in delayed phase: The angiogram shows the React™-71 Aspiration catheter and Phenom™-21 with initial release of the Solitaire™ X revascularization device within the right MCA M1/M2 occluded segment (Figure 5 and 6).

**Patient Outcome**

The patient experienced significant improvement and completely recovered from her neurological deficit within 24 hours. The patient NIHSS score reduced from 8 to 0. Patient was discharged from stroke unit in 2 days and commenced on Clopidogrel 75 mgs. Her chest symptoms included mild cough and there was no temperature at discharge. Further follow-up was planned in 4 to 6 weeks’ time.