Mechanical Thrombectomy in Acute Occlusion of the Carotid-T: A Retrospective Single Centre Study in 51 Patients.

Abstract:
Acute occlusion of the carotid-T is associated with large ischemic lesions, poor outcome and up to 53 % mortality with conservative therapy. Endovascular mechanical thrombectomy (EMT) is a promising alternative treatment of large vessel occlusion. Here, we examine feasibility, safety and efficiency of EMT in acute ischemic stroke due to carotid-T-occlusion.Single centre, retrospective analysis of 51 consecutive patients with acute occlusion of the carotid-T, treated by EMT within 6 h after symptom onset. Most patients (42/51) were treated with stentretrievers, 33 with stentretrievers only. Recanalization was assessed by the Thrombolysis in Cerebral Infarction (TICI) score. Early and mid-term clinical outcome was evaluated by National Institutes of Health Stroke Scale (NIHSS)- and modified Rankin Scale mRS-scores, respectively.Successful recanalization (TICI 2b/3) was achieved in 78.4 % (40/51). Good clinical outcome (mRS 0-2) was observed in 24.4 % of patients, and only in patients treated successfully (TICI 2b/3). Stentretrievers yielded higher recanalization rates and better clinical outcomes than non-stentretriever devices. A total of 12 patients died (29.3 %) during the 90-day observation period. Clinically relevant procedure-related complications occurred in two patients, consisting in one vessel perforation with a
microwire, and one symptomatic parenchymal haemorrhage after initiation of antiplatelet therapy following the inadvertent detachment of a stentretriever. Another symptomatic haemorrhage, not directly procedure-related, occurred in one additional patient. EMT in acute carotid-T-occlusion is efficient, yielding high recanalization rates, and reasonably safe, with a low rate of clinically relevant complications. Successful recanalization seems to be a prerequisite for good clinical outcome in this severe condition.

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