

Dilemmas in critical
Posterior Circulation Stroke

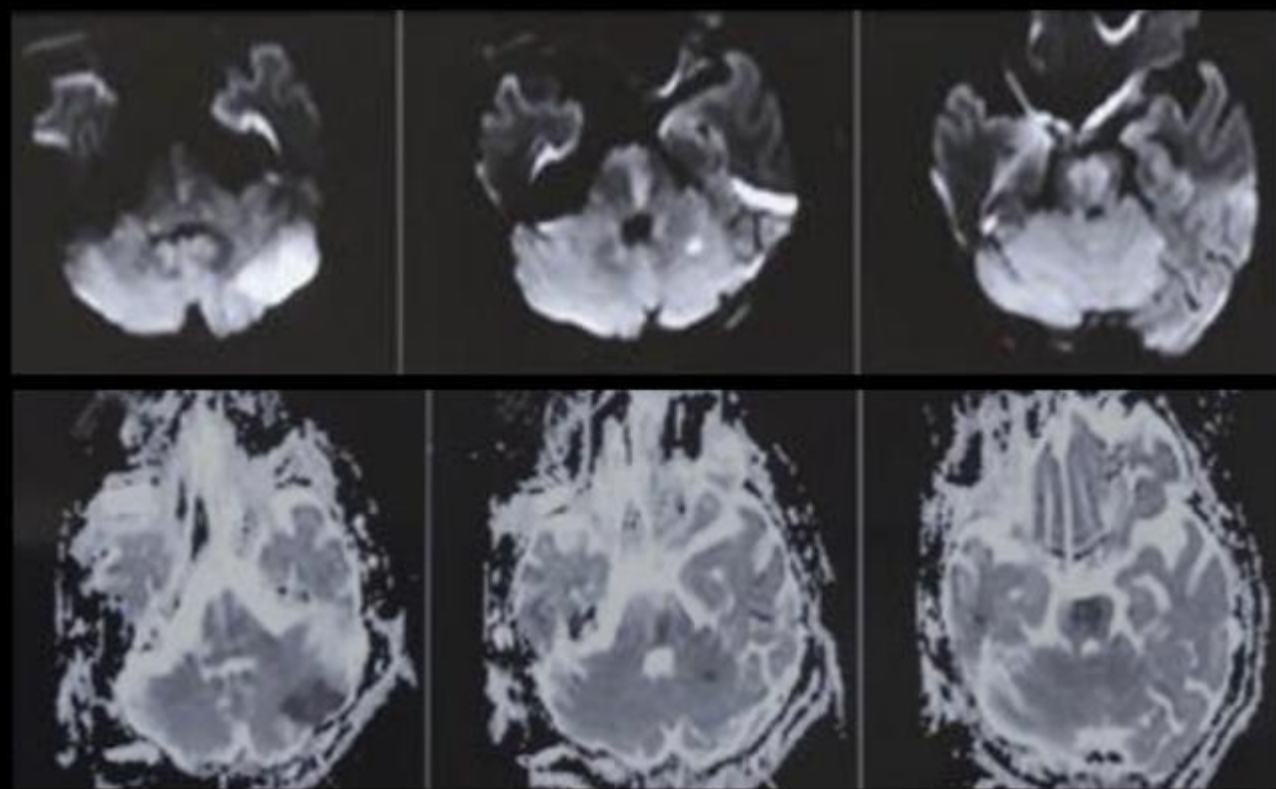
Vertebro basilar strokes presenting late with brainstem infarction always make decision making difficult.

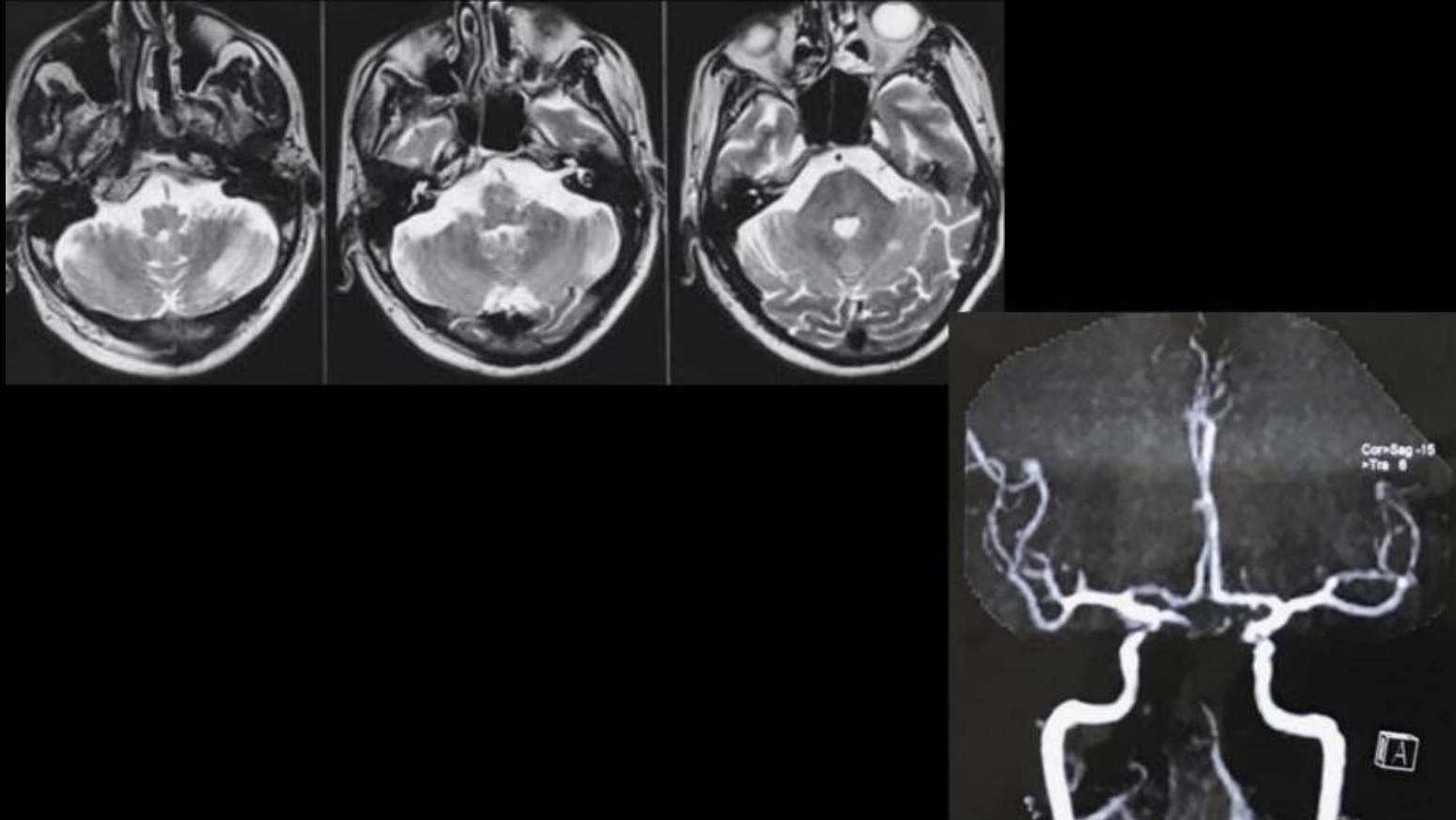
CASE

M/60yrs

Altered sensorium & right sided weakness
since 18 hrs

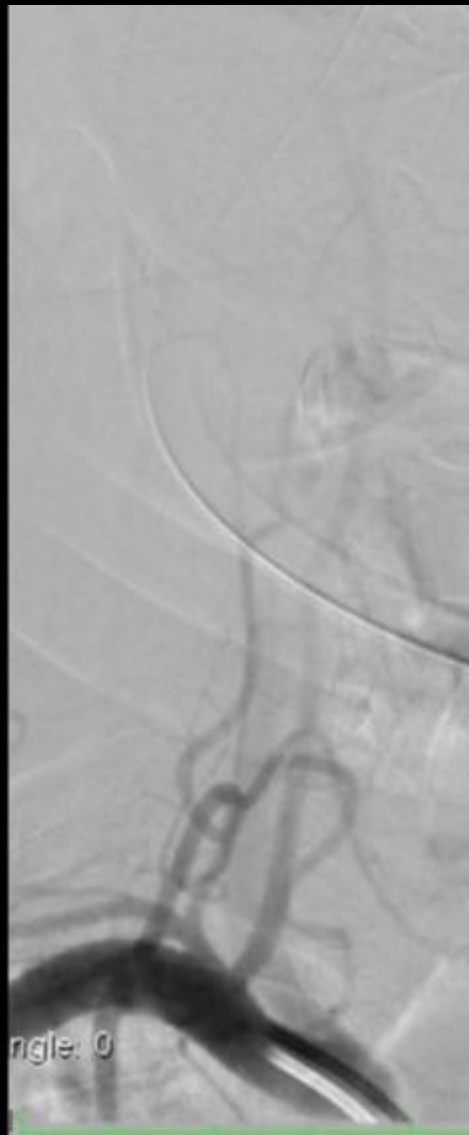
O/E: Drowsy, Not following verbal
commands, Power: Rt 0/5, Lt4/5



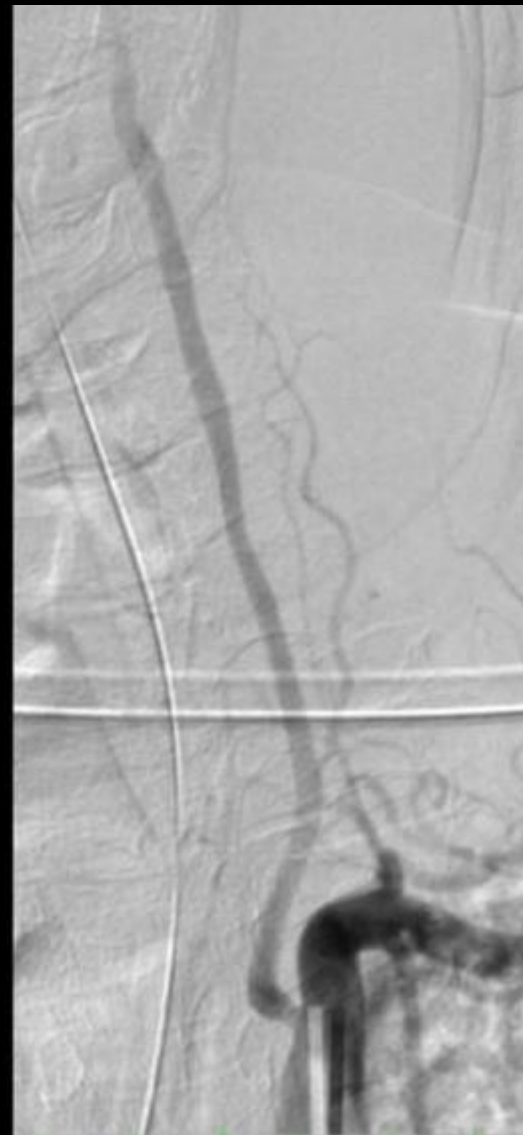


Significant brainstem, cerebellar infarcts; non visualisation of distal third of basilar

Right VA

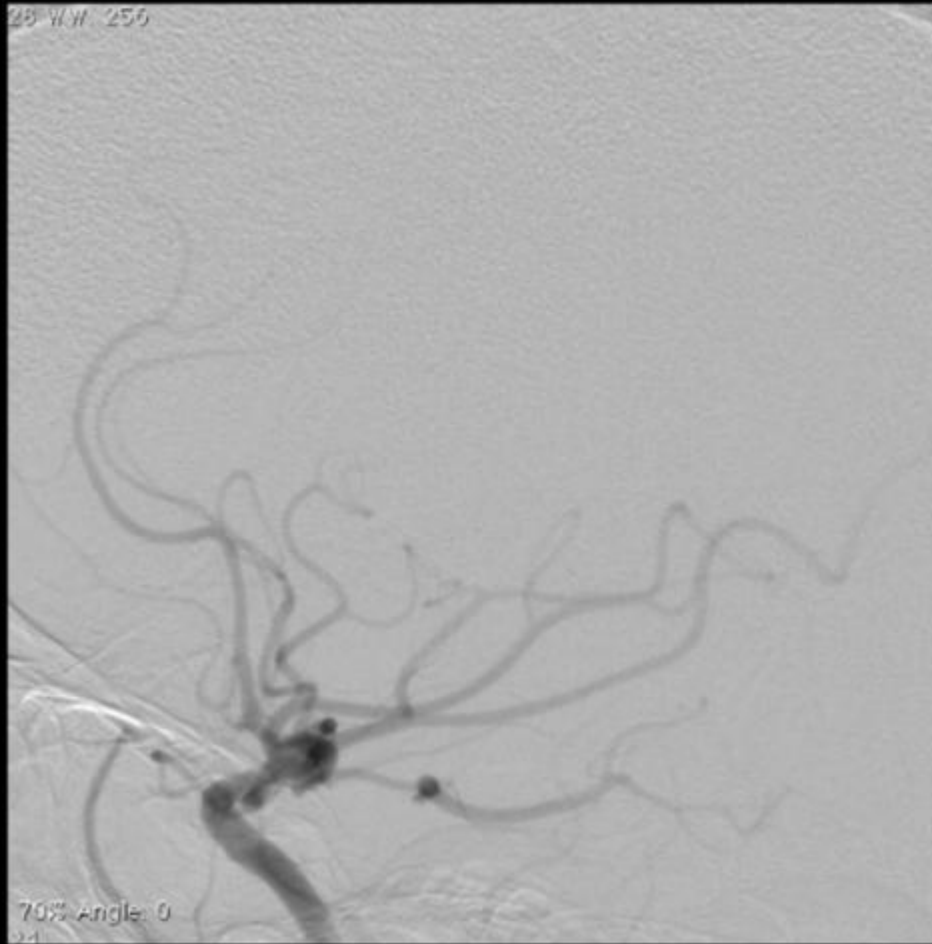


Left VA

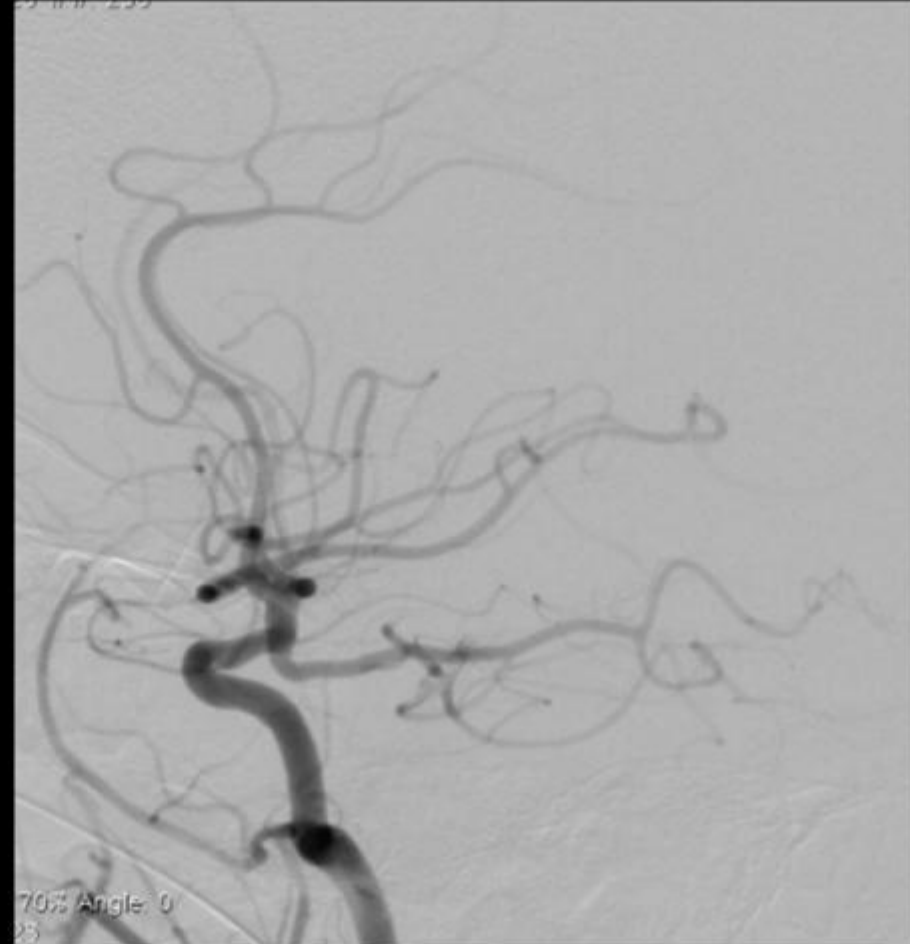


Sluggish Rt VA , ostial stenosis of Lt VA

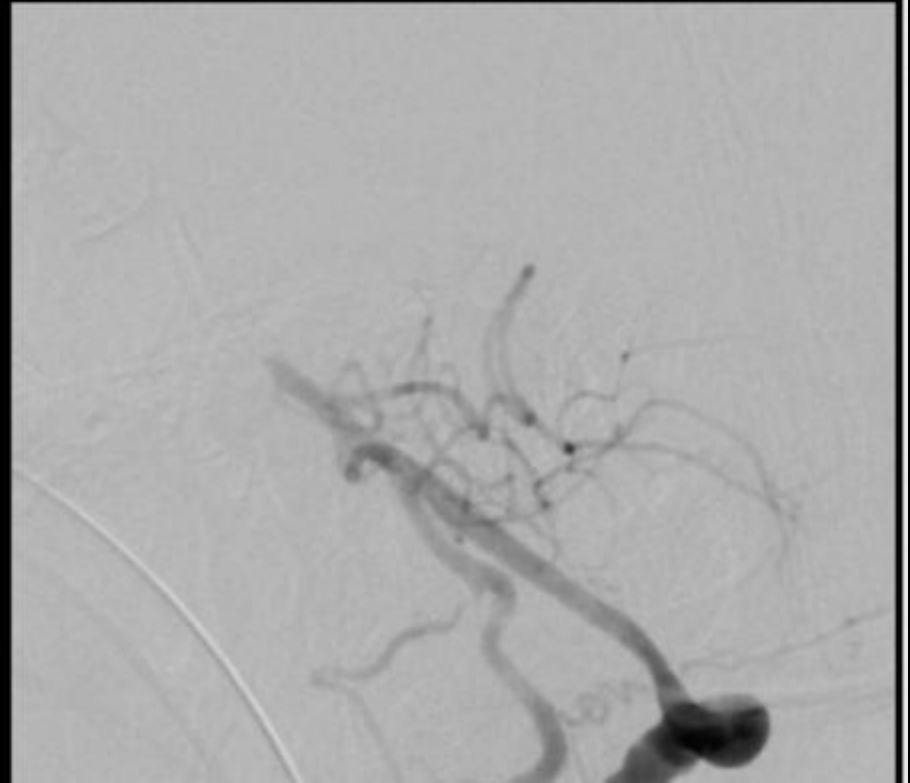
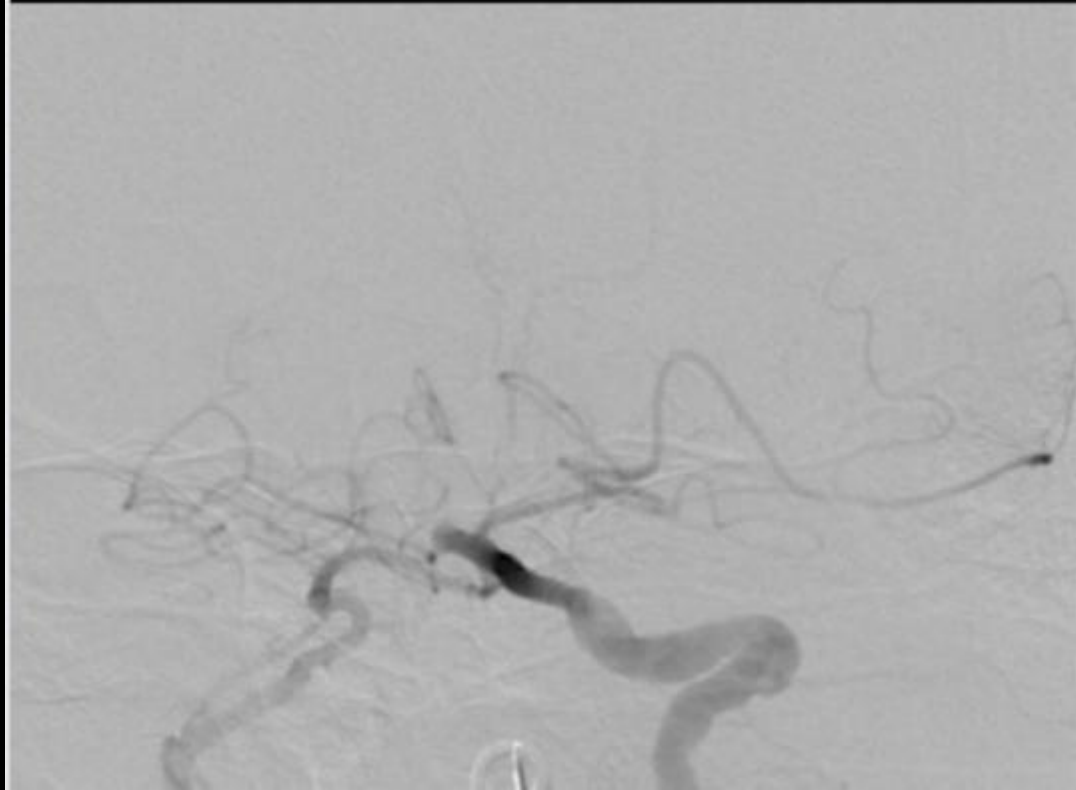
Right ICA Lat View



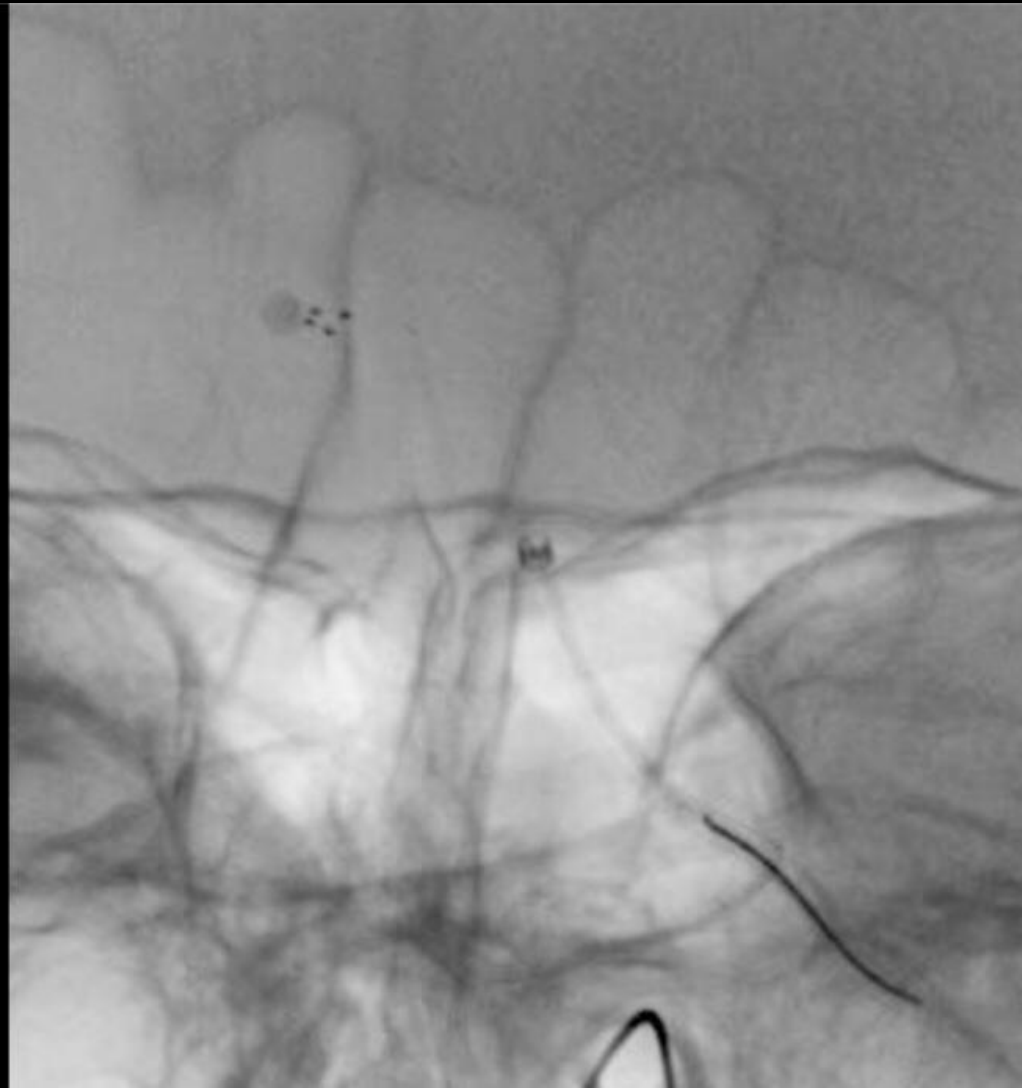
Left ICA Lat View



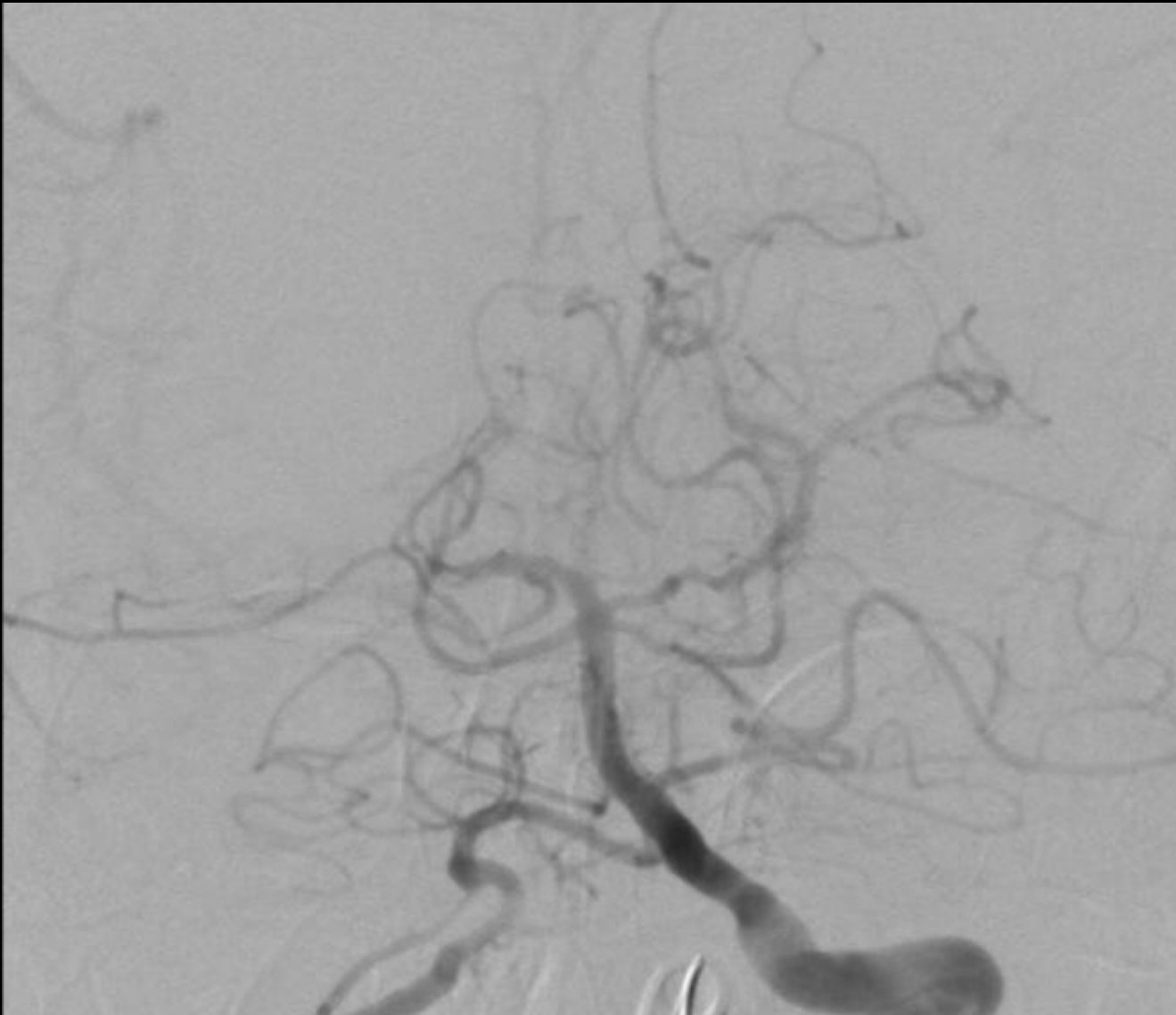
Both PCAs filling via PCoAs



Upper third basilar occlusion

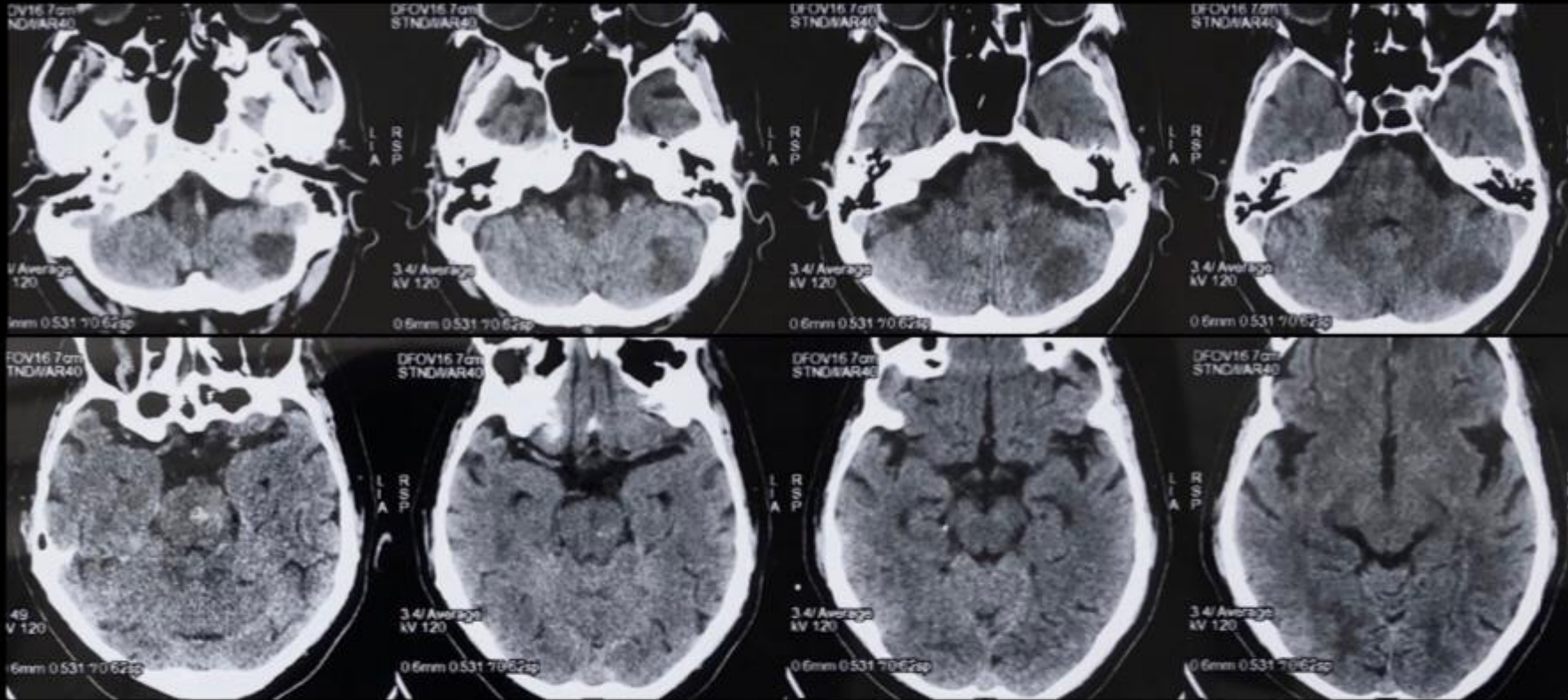


Decision for MT, due risk explained



Solumbra. Single pass.

Post MT CT Scan



Full recovery at 3 months follow up

- Here we were working beyond the dogma of rigid time window and against the maxim of not doing MT in patients with sizeable brainstem infarct.
- We believe that in posterior circulation high stroke severity we do uncommonly have rewarding results. We should not give up easily.

Case courtesy: Hiren Patel, Ahmedabad