

# Wake-up Strokes

- Not uncommon.
- Upto 20% of all ischemic strokes.
- They were presumed beyond the 'time window' and of unknown time of onset.
- So until recently were considered a contraindication to reperfusion procedures.

CASE

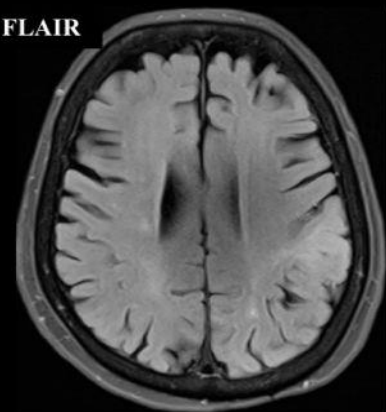
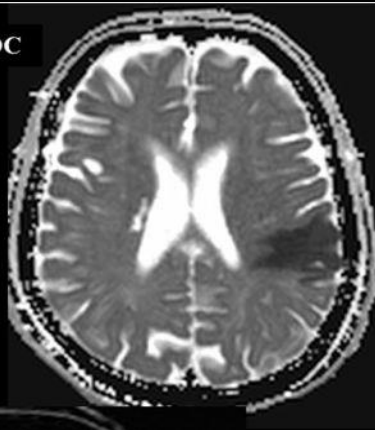
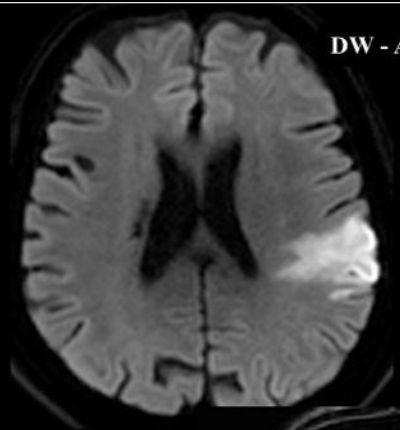
66/ F

Went to sleep at 9.00 PM-(time last seen well)

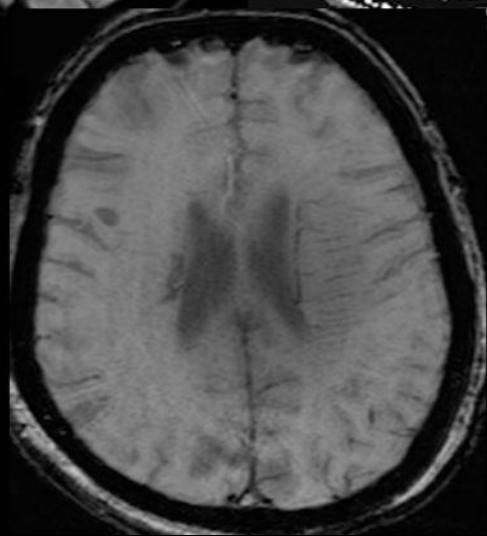
Came to ER 08:00 AM: Unresponsive

NIHSS: 21

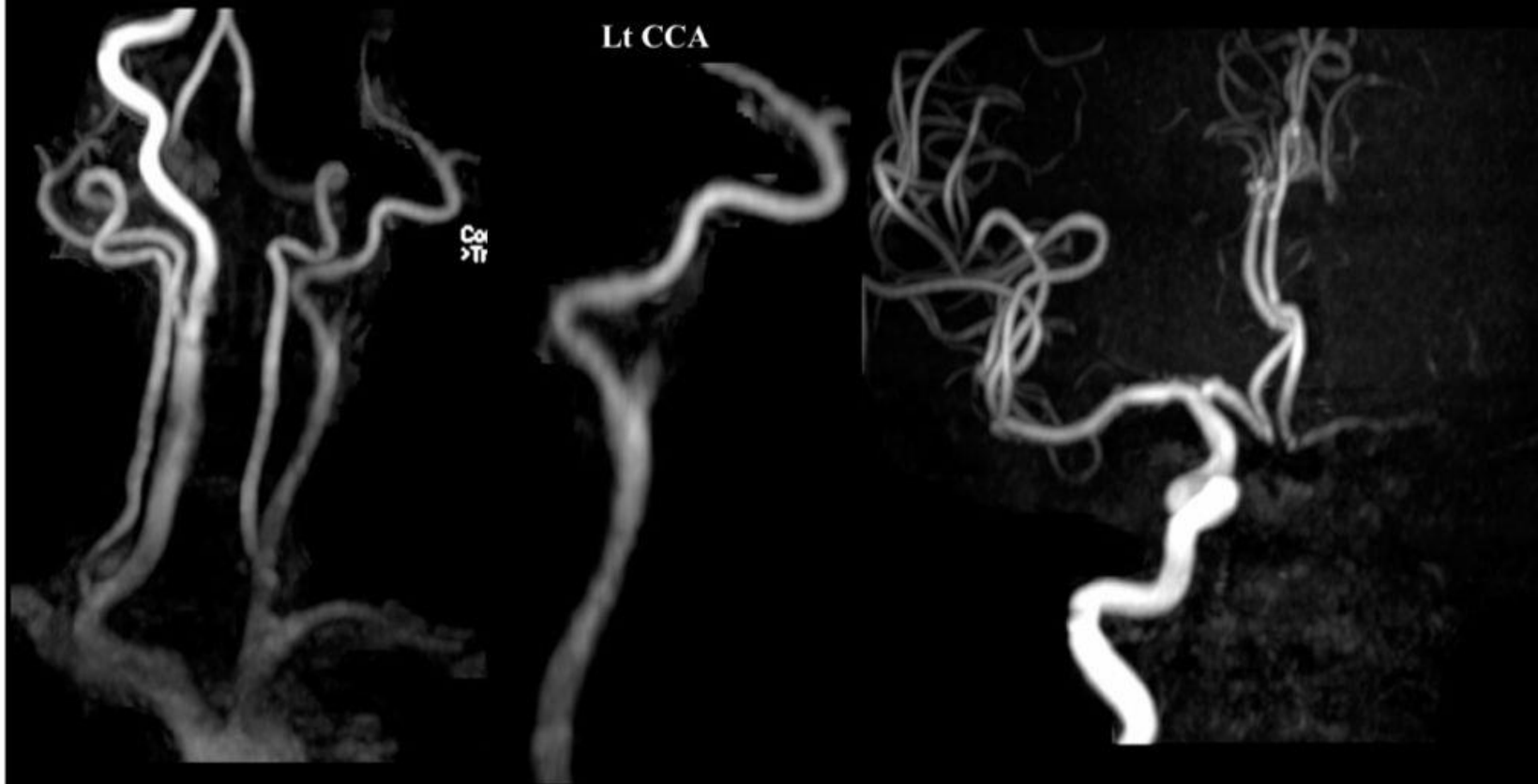
Intubated



SW

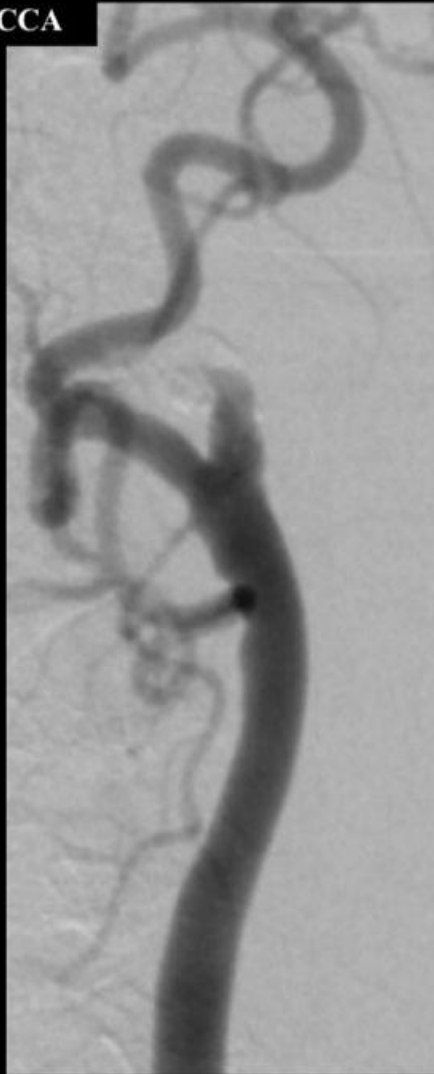


Clinico Radiological mismatch



ICA occlusion, Lt MCA not visualised

LT CCA

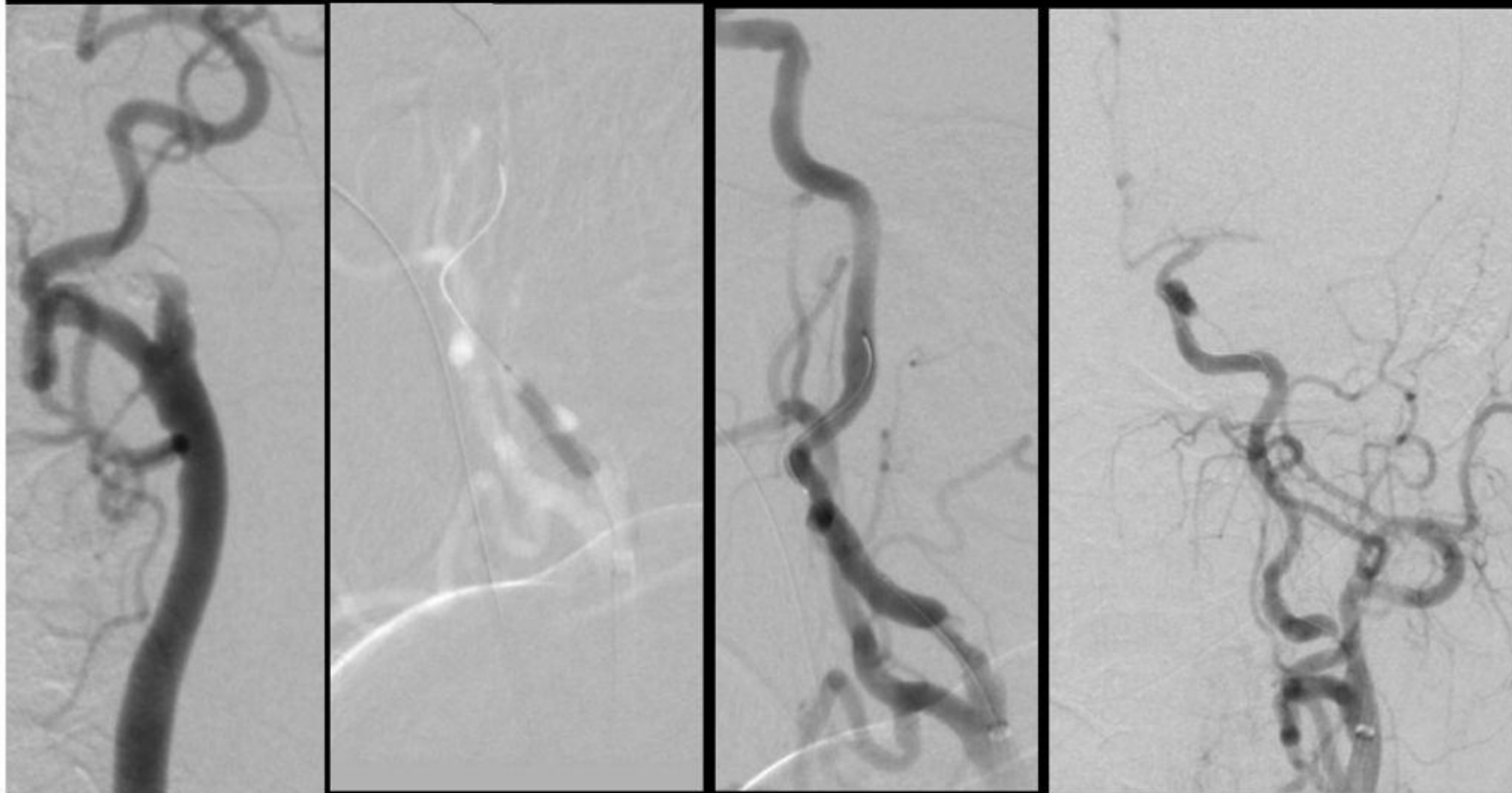


RT CCA



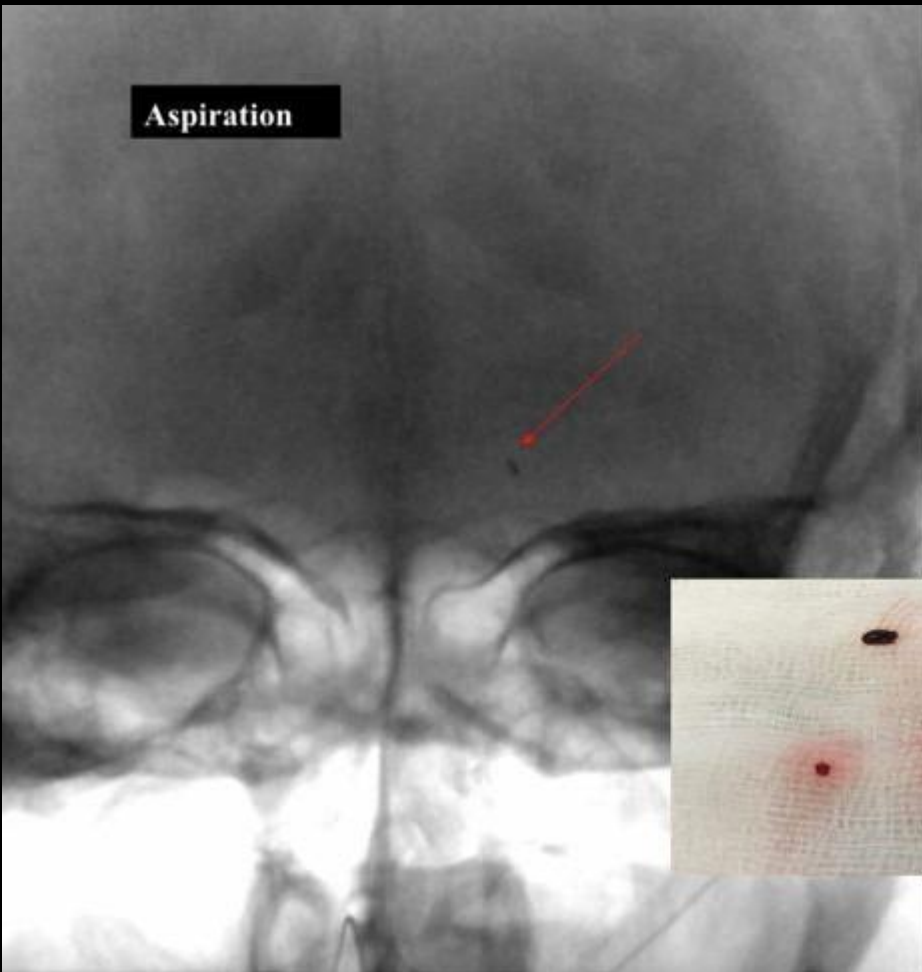
Was taken up for DSA & MT

Angioplasty

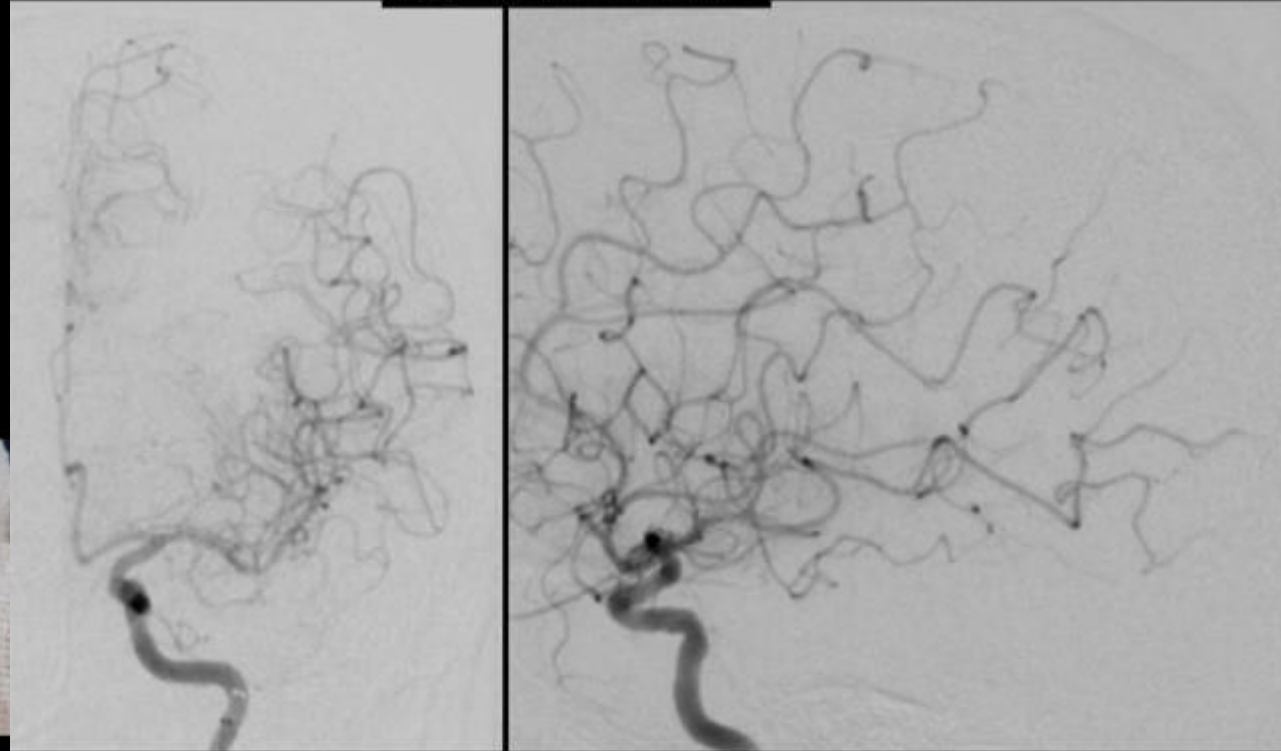


ICA was opened

Aspiration

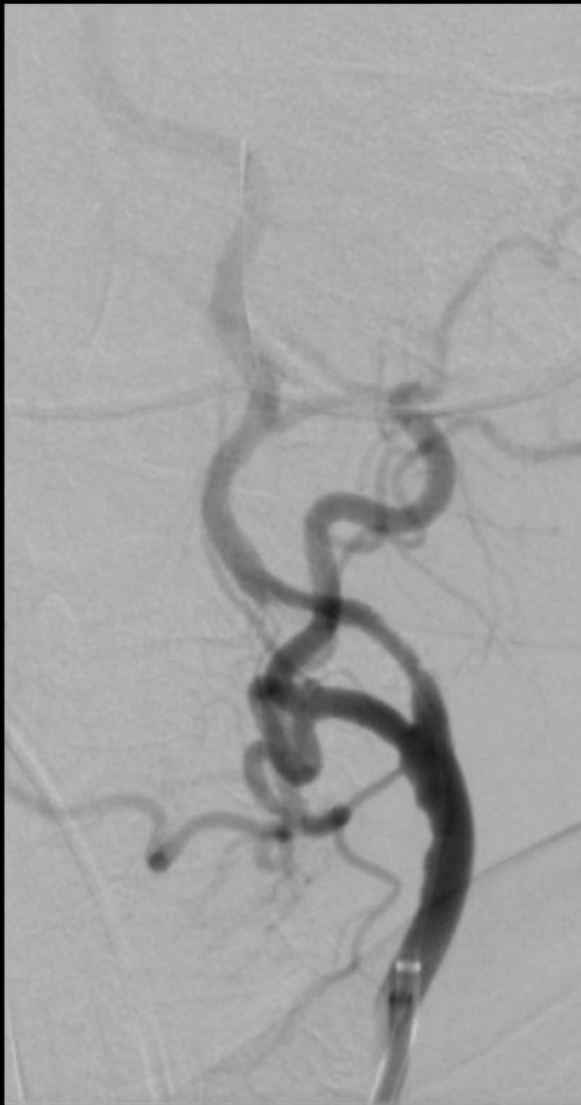


POST LT ICA TICI III



Full Recanalisation





Carotid stenting planned at a later date

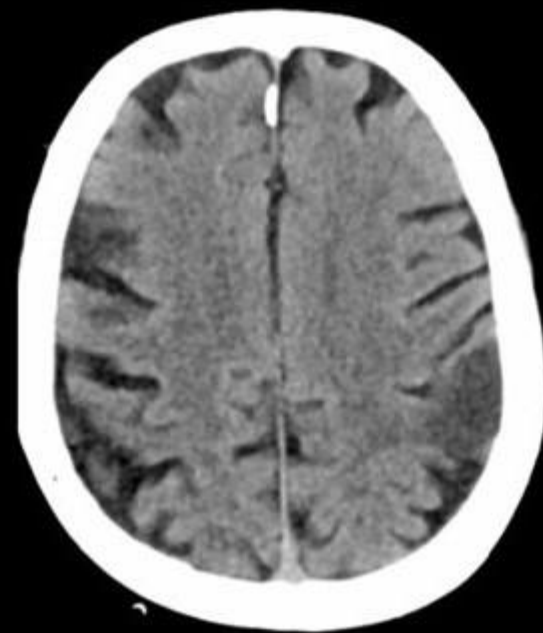
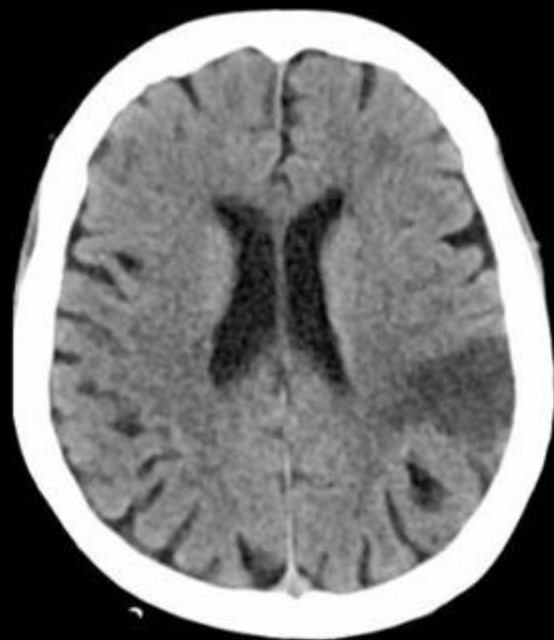
Next Day:

Extubated

Rt. UL: 4+/5

Rt. LL: 4+/5

Day 2



Next 5 days:

Rt. UL : 5/5

Rt. LL : 5/5

Speech : minimal slurring

NIHSS : 1

2 weeks Follow up:

mRS: 0

Asymptomatic

Admitted for interval Carotid Stenting



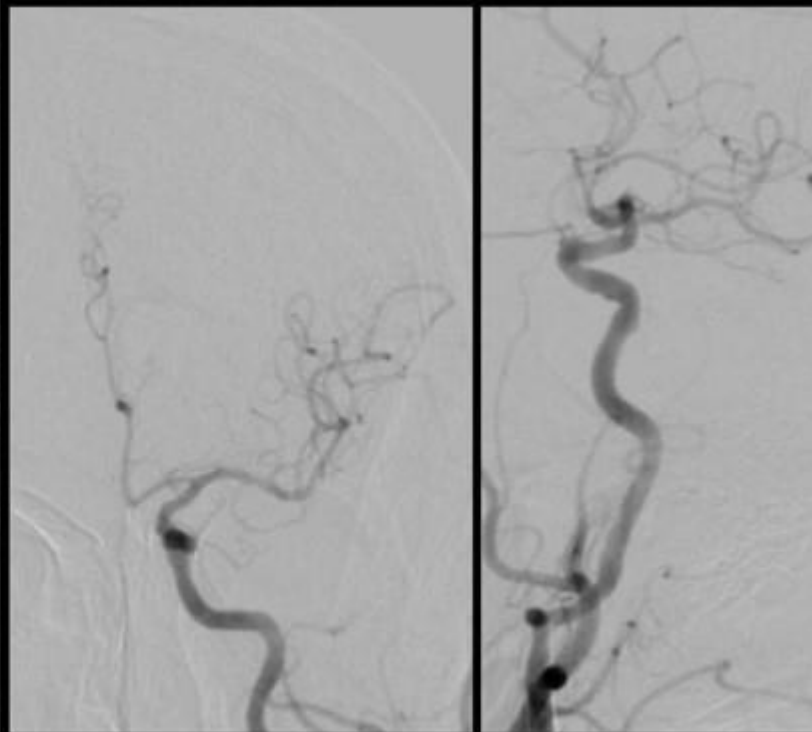
Lt CCA

Significant reduction of proximal ICA caliber

Thrombus Caught in distal protection device



Lt. CCA Final Post Angioplasty and Stenting



Uneventful Stay  
Discharged Day 2

If we carefully look at the clinico- radiological/  
flair- diffusion mismatch or CT/MR Perfusion;  
many wake-up strokes can be treated with  
relative safety and will show good recovery.



Case Courtesy: Nishant Aditya, Mumbai.