

OUTCOME OF THROMBOLYSIS IN ACUTE VERTEBROBASILAR ARTERY THROMBOSIS

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Introduction: Vertebrobasilar strokes have an unfavorable outcome in a large proportion of patients. Mortality rate with conventional treatment is 40-80%. A large percentage have poor functional outcomes. We present our experience in thrombolysis in acute vertebrobasilar strokes. **Methods:** Patients of acute posterior circulation strokes who presented to the PGIMER emergency were triaged. They underwent non contrast CT and CT angiography. Patients with documented occlusion in the vertebrobasilar system were taken up for thrombolysis (IV or IA). **Results:** 10 patients (8 males and 2 females) with vertebrobasilar thrombosis between Jan 2003 – Jan 2008 were selected. Mean age was 62.5 years. Mean NIHSS was 14.7 patients underwent IV thrombolysis while 3 underwent IA thrombolysis. 6 patients had basilar artery, 1 had right vertebral and 1 had right posterior cerebral artery occlusion. 1 patient had a dolichoectatic basilar artery and angiography was not done in 1 patient. Mean door to needle time was 93 minutes for IV and 210 minutes for IA thrombolysis. 3 patients received IV thrombolysis beyond 3 hours (Stroke to needle time). 1 patient had a pontine hemorrhage and 1 had a TIA on day 3 following thrombolysis. 6 patients achieved complete recanalisation. 1 patient expired, 6 patients had a good functional outcome (mRS <2) while 3 patients had poor outcome (mRS >2) at 3 months. **Conclusions:** Thrombolysis in acute vertebrobasilar artery strokes is associated with a good functional outcome and high recanalisation rates with a low complication rate.