WHICH WAY TO TAKE IN BASILAR ARTERY STENOSIS?

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INTRODUCTION: Approximately 20% of the ischemic strokes occur in the vertebrobasilar system and basilar thrombosis represents 27%. It is a devastating disorder with a mortality rate of 75-90%.
Several therapeutic options are available, including IV and IA thrombolysis, angiographic stenting and mechanical thrombus extraction. However there are no clear indications which are the best treatment and timing to use it.
METHODS: The authors present a case of a symptomatic basilar artery stenosis along with a review of the literature on the available treatment options.
CLINICAL CASE: 51 year old male, with no relevant medical records or family history was admitted by a transient vertebrobasilar TIA. Best medical therapy was initiated but the patient had a subsequent worsening with emotional liability, internuclear ophtalmoplegia, dysarthria and tetraparesis with ataxia. He was submitted to thrombolysis with clinical improvement, but afterwards another event occurred and anti-coagulation was started. The investigation revealed a pre-occlusive stenosis in the basilar artery and the patient underwent angiographic stenting. At present no more vascular events were reported and in the three months angio-CT the basilar artery had a 50% stenosis.
CONCLUSION: This case highlights that basilar artery occlusive disease is a clinical and therapeutical challenge. The combination of different treatment strategies may achieve high rates of recanalization, however, reliable data are still lacking. Moreover, endovascular therapy is limited to specialized centers and associated with substantial time delay. The complication rate and long-term success of endoluminal procedures are still unknown and studies comparing optimal medical therapy and stenting are missing.