

Repeated thrombectomy of middle cerebral artery

J. Wojczal¹, P. Luchowski¹, M. Sojka², K. Pyra², S. Stachowicz¹, M. Górnik², K. Buraczyńska¹, J. Jaworski¹, K. Rejdak¹, Z. Stelmasiak¹, T. Jargiełło²

¹*Dept. of Neurology, Medical University of Lublin, Poland*

²*Dept. of Interventional Radiology and Neuroradiology, Medical University of Lublin, Poland*

We present a case of 79 years old male with occlusion right middle cerebral artery (MCA) treated with thrombectomy and after 10 months retreated because of reocclusion of the same artery. The patient developed the symptoms of acute ischemic stroke of right hemisphere on 4 JAN 2017 with left side central facial palsy, hemianopia, hemiparesis, hemianaesthesia, hemineglect and conjugated gaze partial palsy to the left side. Total NIHSS was 16. In history the patient had permanent atrial fibrillation, arterial hypertension and neoplastic process under control (carcinoma of bladder and prostate with bilateral ureterocutaneostomy). The occlusion of right MCA was found and thrombectomy was performed with complete recanalisation. On control CT the infarction without hemorrhagic transformation (HT) in the right hemisphere was seen. The patient was discharged home with 5 points in NIHSS, mRS after 30 days rehabilitation was scored 1. On 6 NOV 2017 the patient developed the symptoms of new acute ischemic stroke of right hemisphere and the NIHSS was scored 16. The occlusion of right side M1 MCA was found and thrombectomy was performed (despite the residual old infarcted area in the territory of the operated MCA), with complete recanalisation. On 24 h control CT a new infarct next to the old one, was seen with small HT2. The patient functionally improved and was discharged to rehabilitation unit with 10 point in NIHSS. 30 day mRS was scored 2 (functionally independent). This is the first report on repeated thrombectomy on the same artery, with good clinical effect.