

Multivessel Peripheral Revascularization for Acute Stroke Intervention

Ramy A Badawi MD, Rajan A Patel MD, Arthur G Grant MD, John P Reilly MD

The John Ochsner Heart & Vascular Institute New Orleans, LA



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Disclosure Statement of Financial Interest

I, Ramy A Badawi, DO NOT have a financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation.



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History

- 56y WM sudden onset R weakness & slow speech
- PMH: R LE PTA 1995, HTN, Tobacco (0.5ppd)
- FH: premature CAD •
- Admitted for Transient Ischemic Attack
- CT Head: no hemorrhage.
- MRI/MRA H&N:

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LICA thrombosis +/- dissection with 90% stenosis proximally

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- reconstitution of the supraclinoid L ICA distally
- Sent for Cerebral Angiography
- Acute Onset Stroke: NIHSS 23.



Cerebral Angiography via R Brachial due to Bilateral Ilio-Femoral Chronic Total Occlusion

R Carotid Artery

R Cerebral Hemisphere

Lateral

Anteroposterior



Filling defect in A1 branch L ACA just beyond ACommA





Cerebral Angiography via R Brachial due to Bilateral Ilio-Femoral Chronic Total Occlusion

L Carotid Artery

L Cerebral Hemisphere Lateral



Occluded LICA



COLUMBIA UNIVERSITY MEDICAL CENTER Minimal Collateral from L ECA to L Cerebral Hemisphere



Posterior Circulation with Left Middle Cerebral Artery Occlusion

L Vertebral Artery Injection demonstrating Filling defect of M1 branch of L MCA just beyond L PComm Artery





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Access: Bilateral Ilio-Femoral CTO







L Ilio-Femoral Chronic Total Occlusion crossed with Outback Re-Entry Catheter & Stented to permit Stroke Intervention





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LICA upon reinjection from LCFA



L ICA partially reopen



A Panies for Issoration



After wiring LACA & LMCA



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L ICA Before & After Stenting

L Cerebral Hemisphere After Stenting





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L MCA M1 & M2 Branches Wired, tPA instilled



L MCA superior & inferior divisions M2 post Wingspan stent





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L ICA Stent

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L MCA inferior M2 Stent





AP of L Cerebral Hemisphere





Lateral L Cerebral Hemisphere







Clinical Course

Columbia and Cores

Post procedure: Global aphasia. Persisting dense R hemiparesis.

CT: Subarachnoid hemorrhage along sylvian fissure with mild mass effect but no midline shift.

At Discharge to Rehab: Global aphasia. Right upper extremity: flaccid, 0/5 power.

2 wk Rehab: Strengthening, endurance, gait, speech and dysphasia training

At Discharge from Rehab: Normal power 4 limbs with minor problems with R hand coordination and mild expressive and receptive dysphasia.

	mRankin	NIHSS
Day 1	5	23
At discharge	4	12
After Rehab	2	3
At 30 days	2	1



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