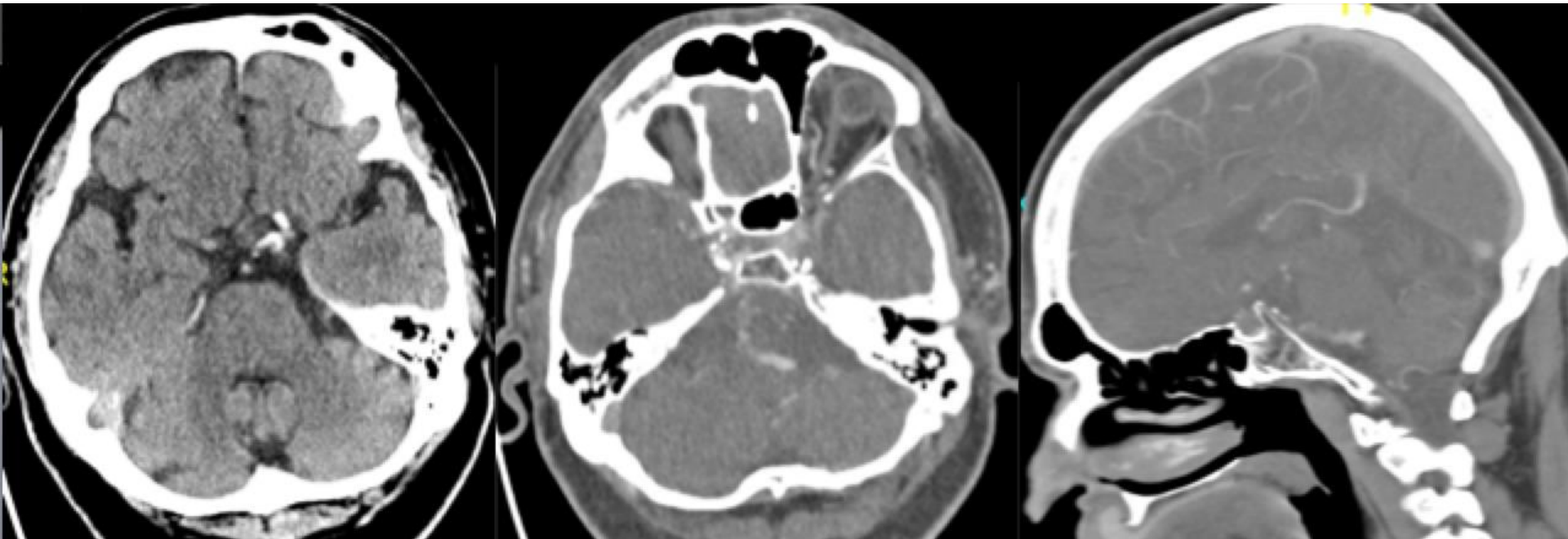


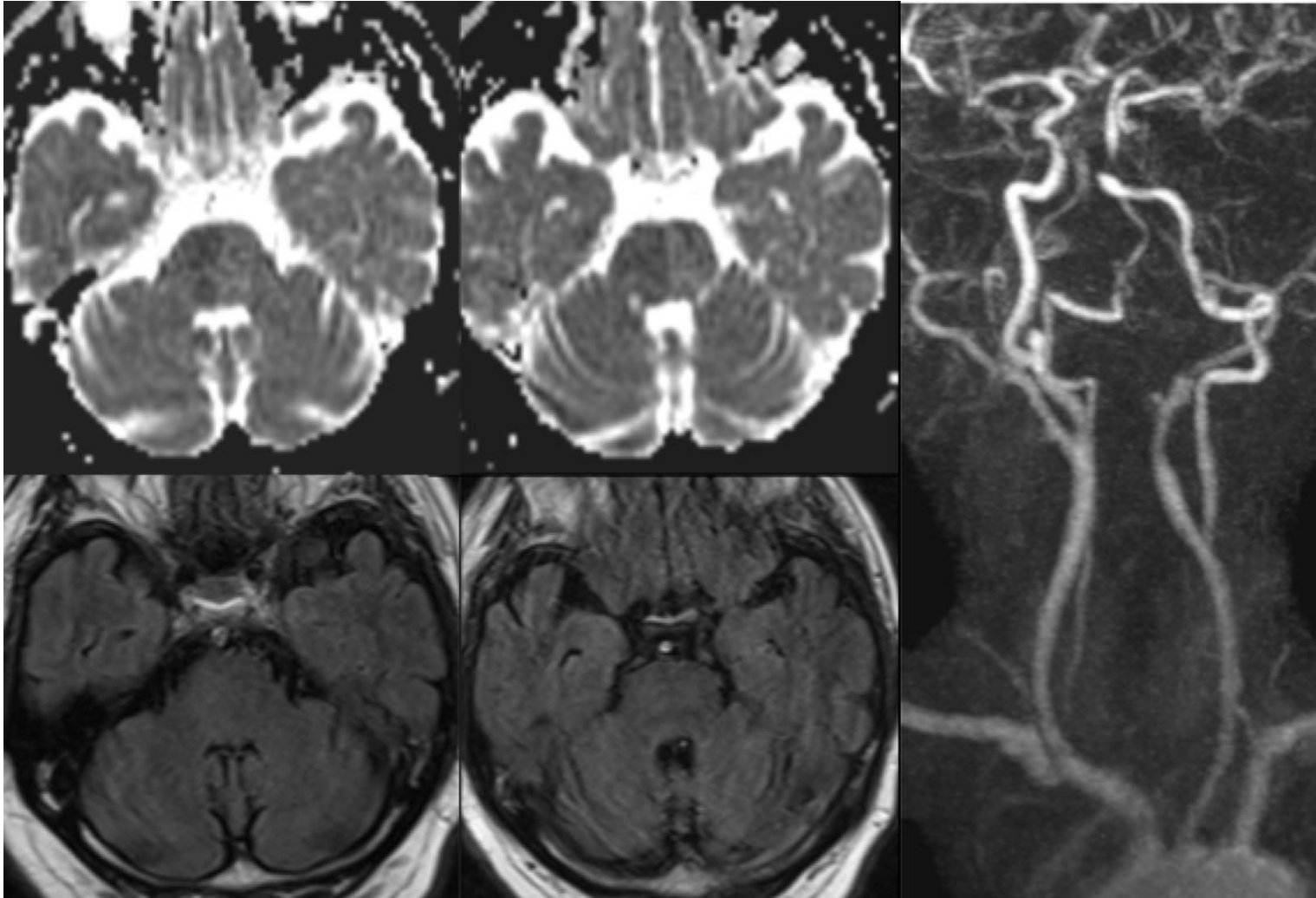
- 58year old male with history of hypertension and diabetes
- 30th Nov, 3pm: SO (nausea, double vision, unsteady gait, postural instability, dysarthria, NIHSS 4)
- 10:18 pm: CT/CTA (tertiary center)



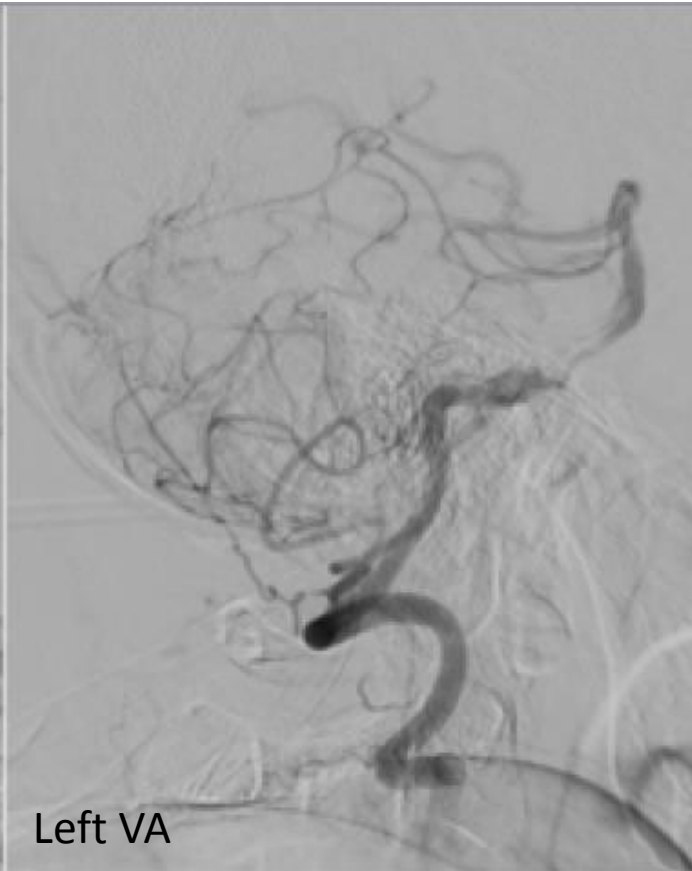
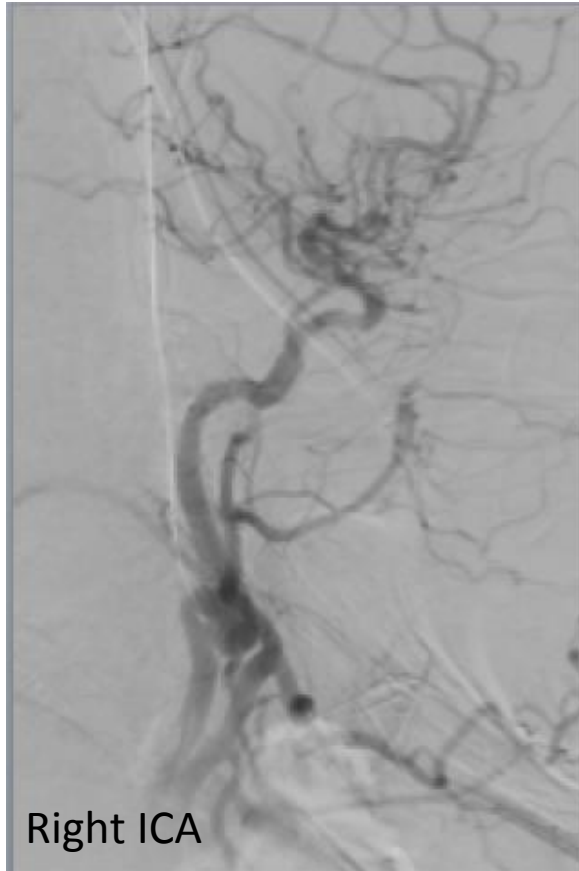
- **No iv-tPA due to clinical improvement**, transfer to UKE
- 1st Dec, 00:20am: NIHSS 4
- 00:45am: NIHSS 11 (somnolence, left gaze palsy, left hemiparesis and sensory loss, pos. Babinski sign)
- 1:08 am: CT
- 1:15 am: 81 mg **iv-tPA** and 75 mg Clopidogrel



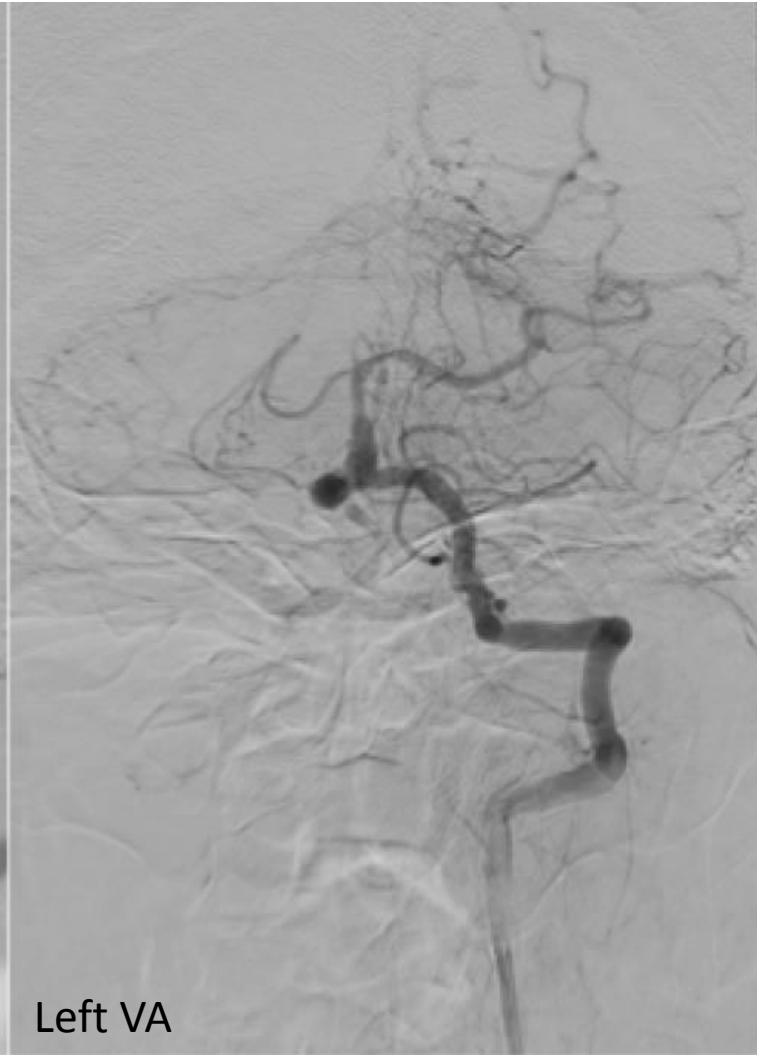
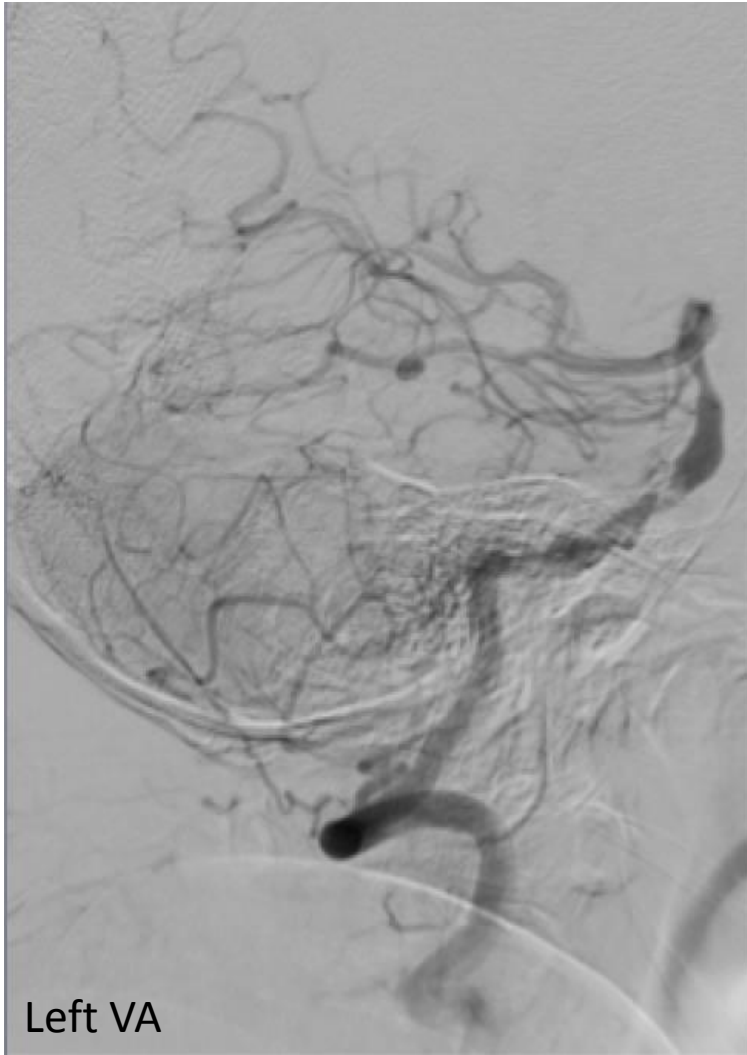
- 1:45am: MRI



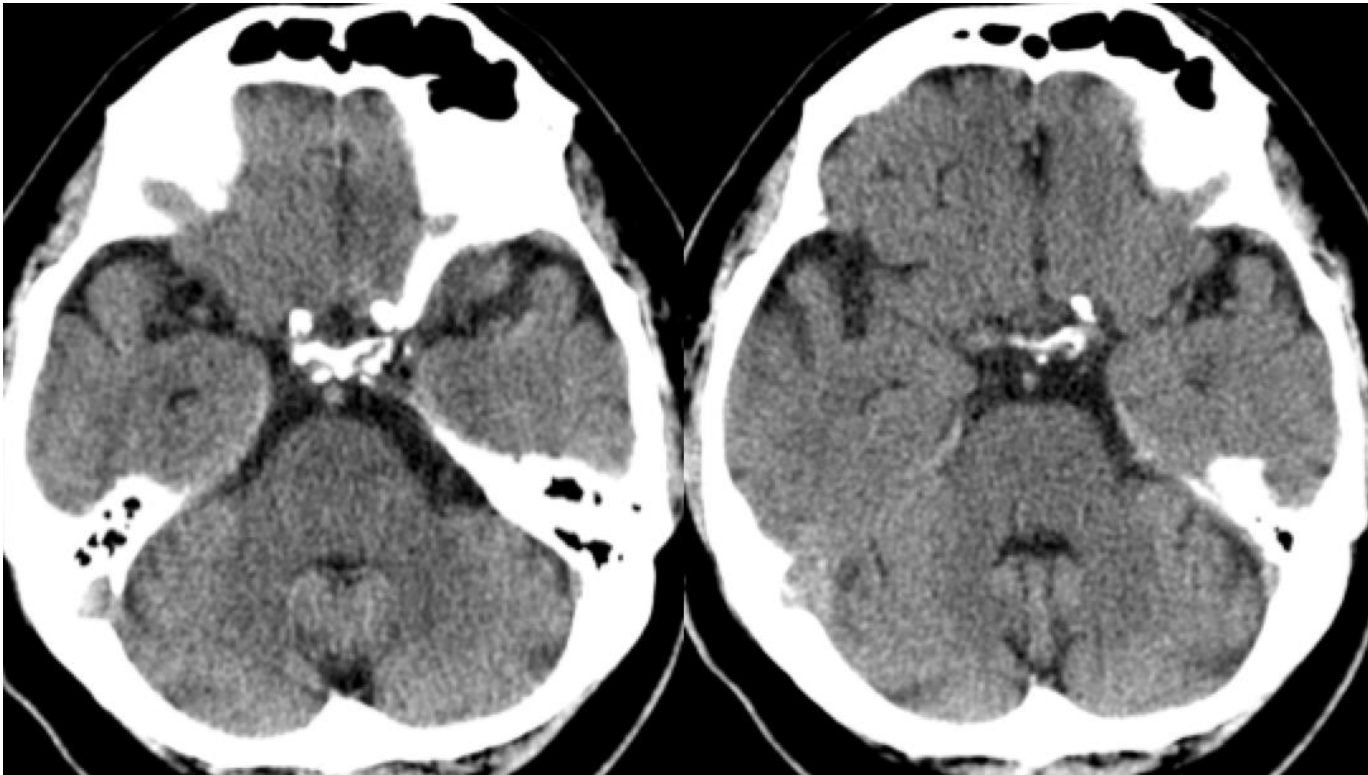
- 3:10am: DSA



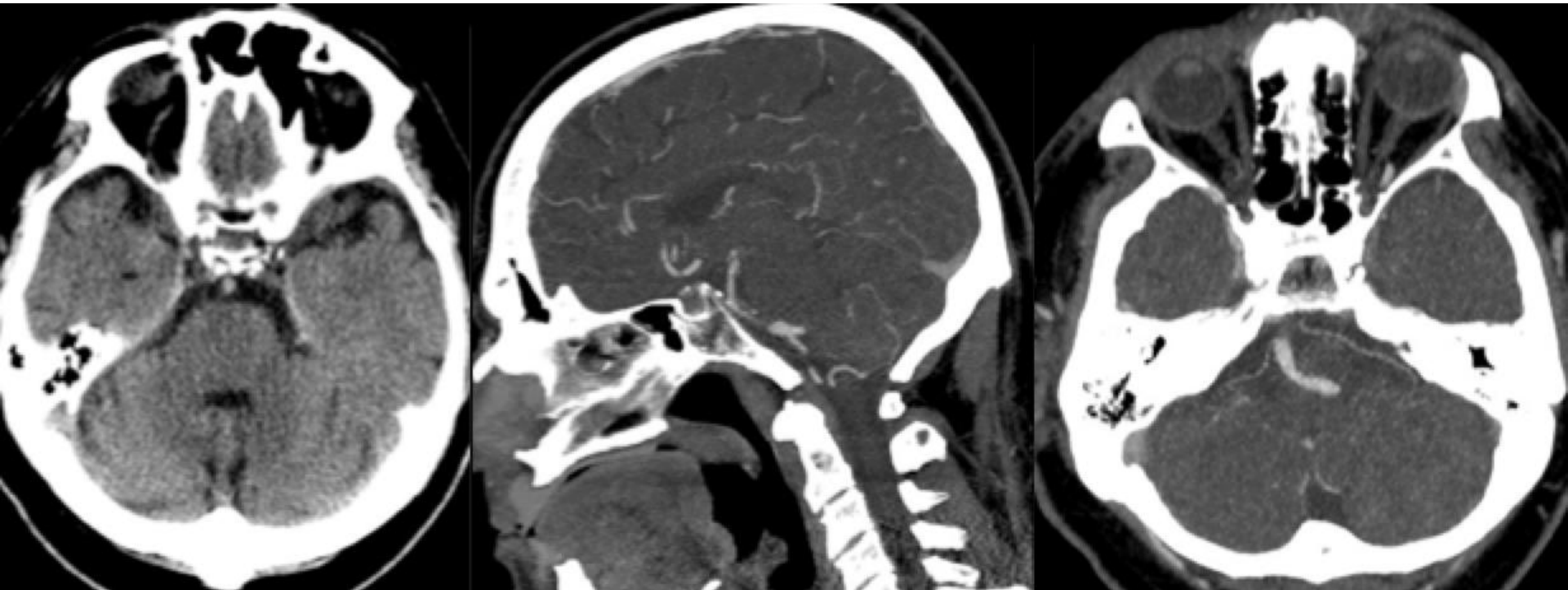
- 3:34am: after 1st retrieval with Solitaire 4x20



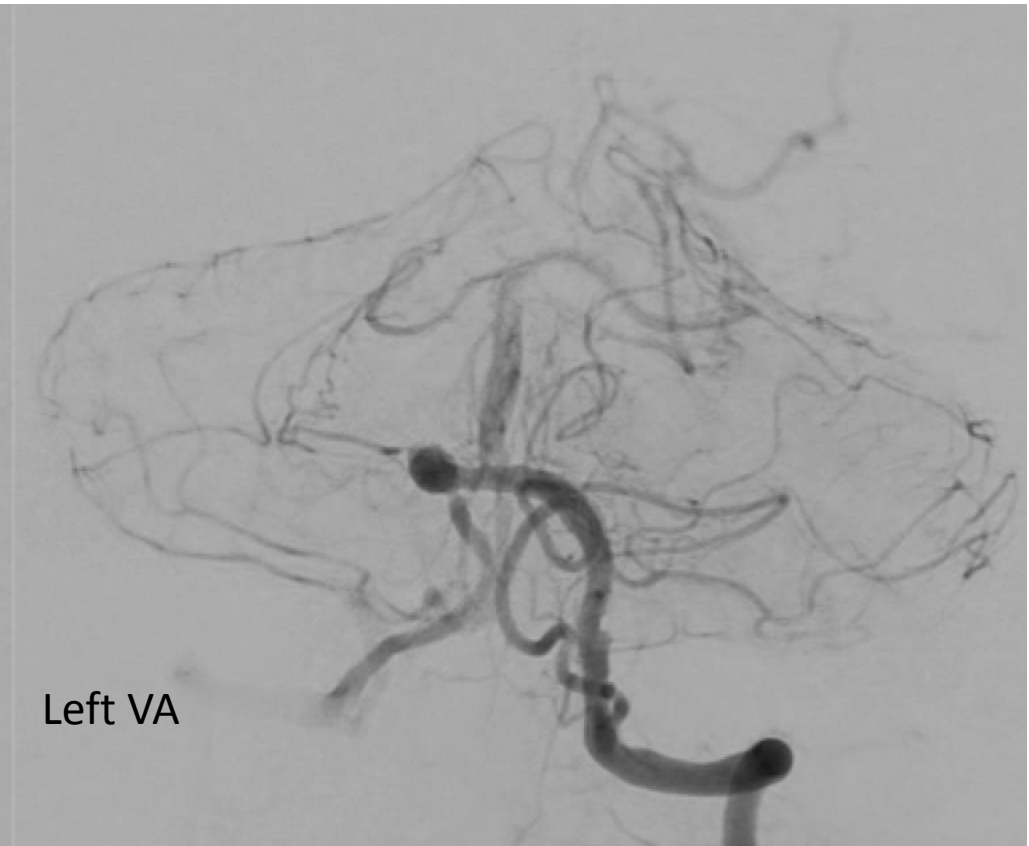
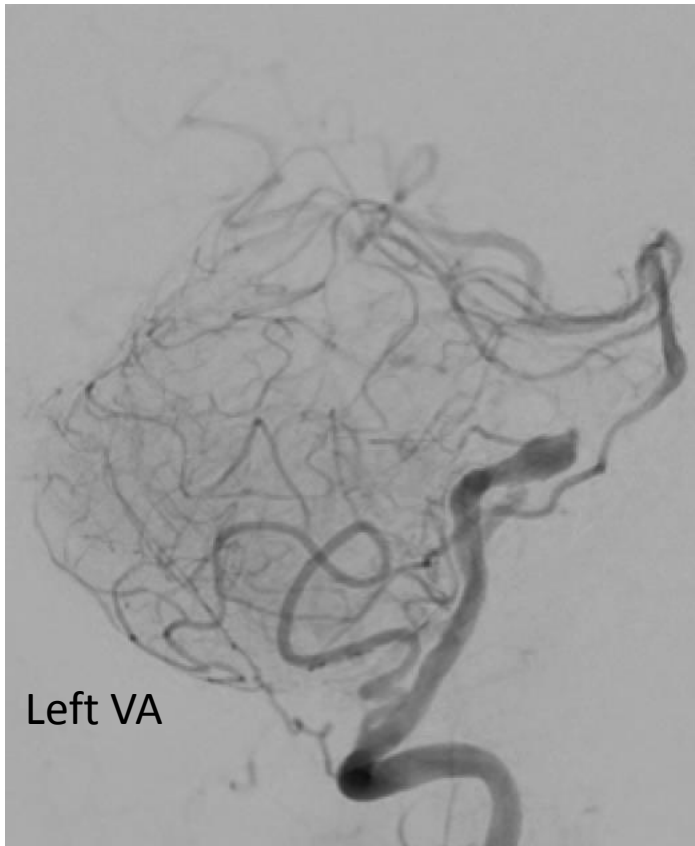
- 1:43pm: standard follow-up CT after iv-tPA, NIHSS 4
- No Clopidogrel loading dose up to this point?



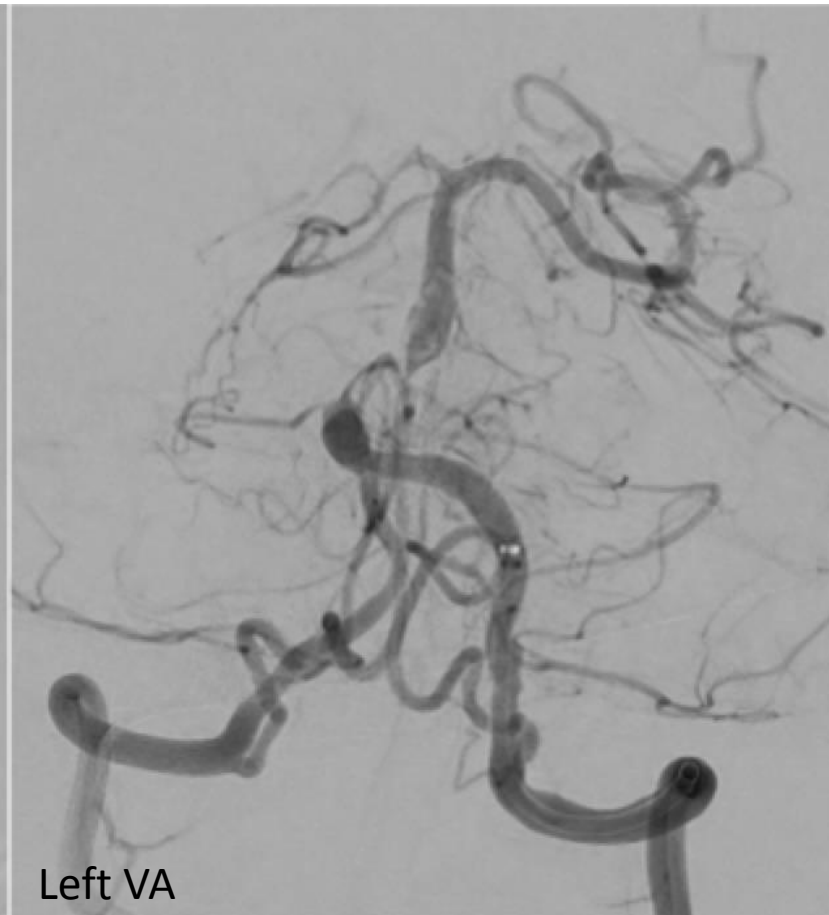
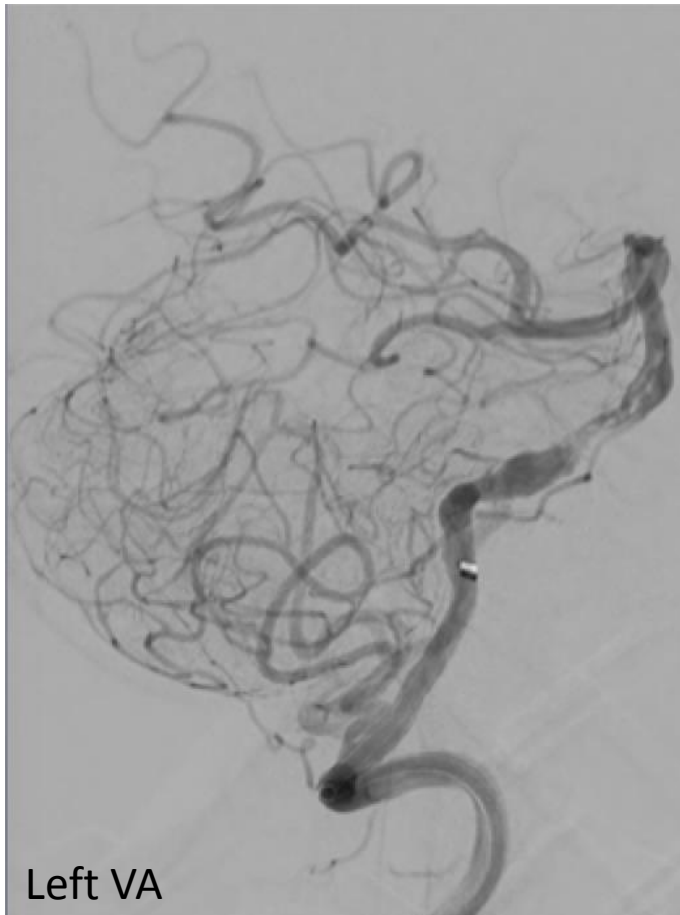
- 3:15pm: clinical worsening (somnolence, pathological crying, left hemiplegia and sensory loss, spontaneous Babinsky), NIHSS 24
- 3:27pm: CT/CTA



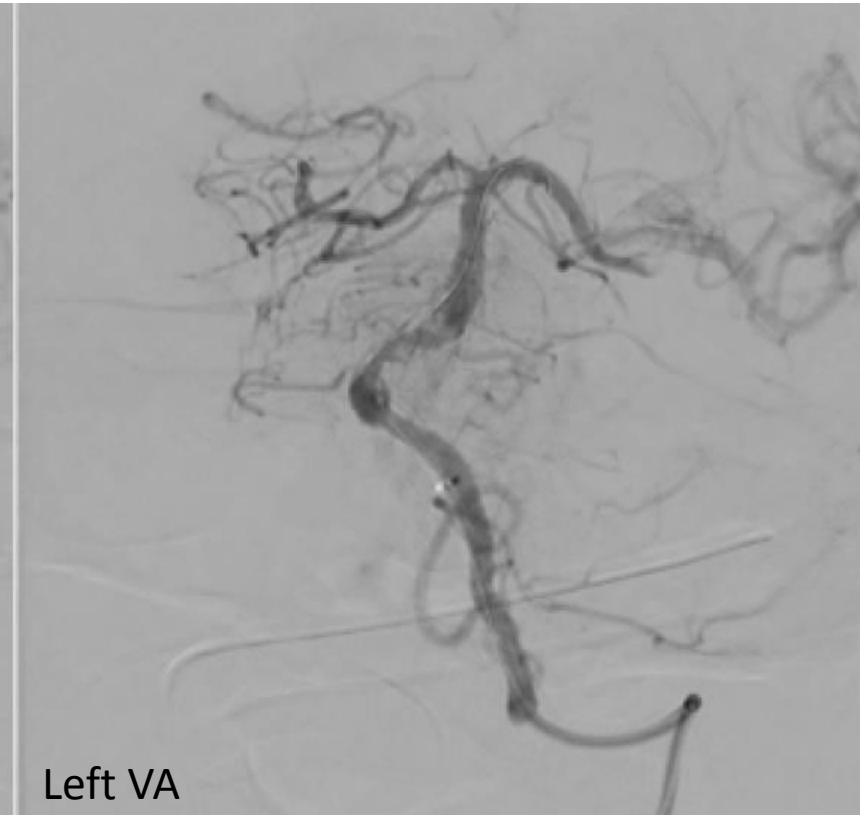
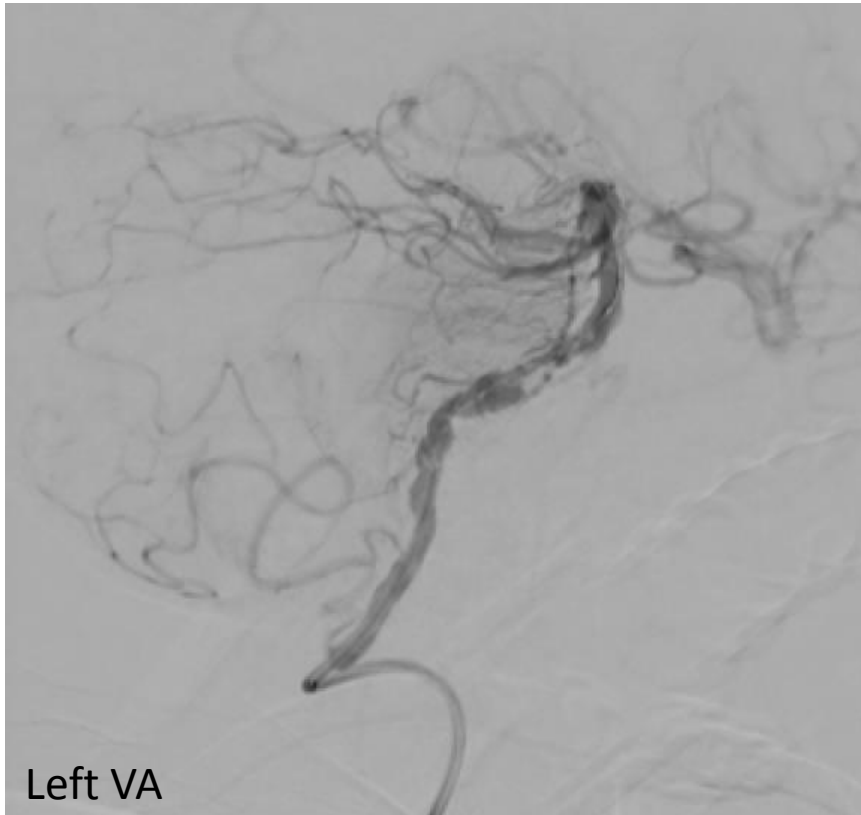
- 4:23pm: DSA + administration of bolus of Aggrastat (Tirofiban, GpIIb/IIIa Antagonist)



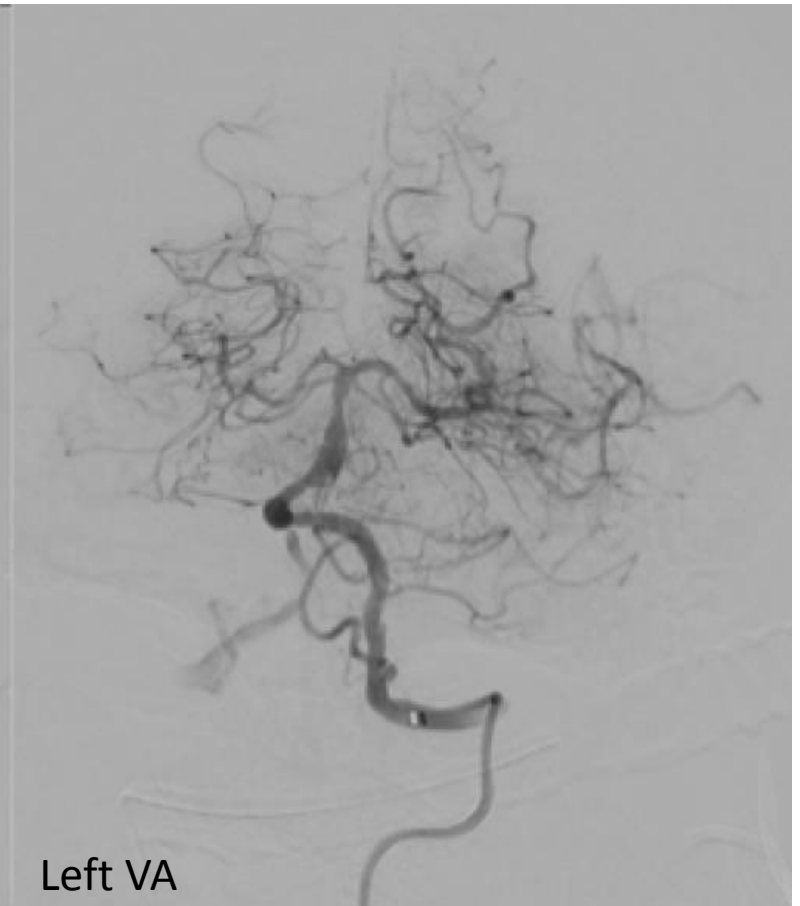
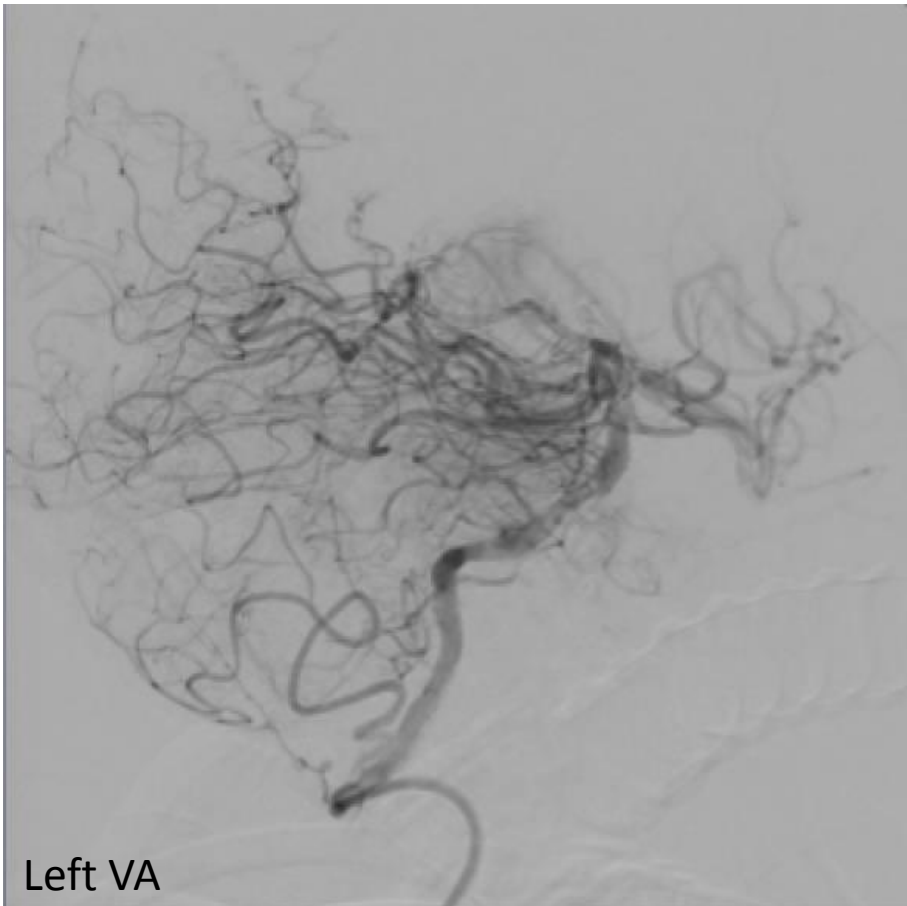
- 4:31pm: 1st aspiration, no recanalization
- 4:41pm: after 1st retrieval with Solitaire 4x20



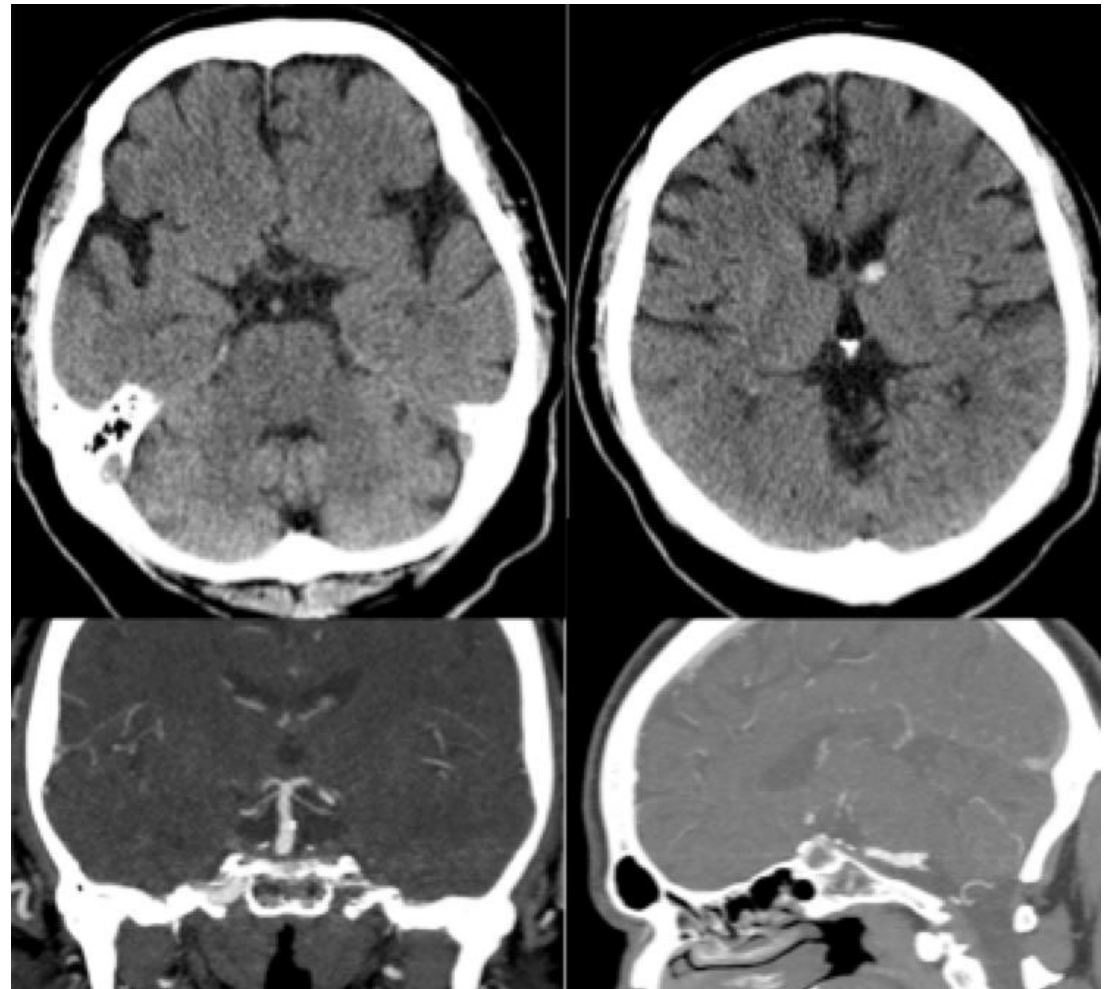
- 4:42pm: 2nd aspiration, no recanalization
- 4:46pm: 1st PTA, new left P1/P2 occlusion



- 4:53pm: Stent (Acclino Flex 4.5x35) + PTA
- 5:08pm: after 3rd aspiration



- 2nd Dec, 8:03pm: Follow-up CT/CTA, NIHSS 4, small thalamic hemorrhage





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