

# A case report of successful mechanical thrombectomy in acute basilar artery occlusion at extended window period

Mee Xuan Ci<sup>1</sup>, Mohamed Micdhadhu Mohamed Azlam<sup>2</sup>, Lim Ghee Kheng<sup>1</sup>, Leong Siaw Yii<sup>1</sup>, Looi Irene<sup>1</sup>

<sup>1</sup>Clinical Research Centre, Seberang Jaya Hospital, <sup>2</sup>Seberang Jaya Hospital

## ABSTRACT

**Case summary:** Benefit of mechanical thrombectomy (MT) for anterior circulation stroke and up to 24 hours is well documented. However, evidence for MT in acute basilar artery occlusion (BAO) remains inconclusive and largely extrapolated from randomized trials for anterior circulation stroke. We present a case of a 56 years old man with acute BAO, who received thrombolytic therapy with intravenous alteplase at 160 minutes and subsequently underwent MT at 13 hours of symptoms onset. He presented with left-sided body weakness, facial asymmetry and slurring of speech with National Institutes of Health Stroke Scale (NIHSS) score of 11/42. Blood pressure (BP) was 160/100mmHg. Computed Tomography (CT) scan of brain was unremarkable with ASPECT score of 10. An hour after thrombolysis, his Glasgow coma scale (GCS) dropped to 10/15, and NIHSS increased to 18. Hence was sent for a plain CT brain and CT angiography (CTA) of brain. CTA brain revealed proximal BAO with presence of left fetal posterior communicating artery (PCoMA) and a posterior circulation-collateral score of 6. After thorough explanation, family agreed for the patient to be sent to a private hospital for MT. MT was successful and Thrombolysis in Cerebral Infarction (TICI) 3 was achieved at 13 hours of onset. Post MT, patient was put on double antiplatelet. NIHSS was 7 and GCS was 15 on day 6 of stroke. We postulate presence of good collaterals to the posterior circulation, largely via fetal-type PCoMA in this patient, contributed to the good outcome in this patient despite MT being done at the extended window period of time.