

What Should We Know Before Doing Mechanical Thrombectomy in Stroke Patients

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Abstract

Mechanical thrombectomy has shown promising results in large vessel ischemic stroke, with recent large trials changing to guidelines worldwide. In this presentation, results from the five recent randomized trials will be discussed. There is an ongoing debate on the inclusion and exclusion criteria of mechanical thrombectomy. It can be done in large vessel occlusions, including up to M2 middle cerebral artery (MCA), anterior cerebral artery (ACA), basilar artery, and posterior cerebral artery (PCA). The effect of time window, age, prior intravenous thrombolysis on patients' selection will be discussed. An elaboration on the effect of national institutes of health stroke scale (NIHSS) score in the clinical setting, Alberta stroke program early computed tomography score (ASPECTS) on non-contrast CT, presence of collaterals on CT angiography (CTA), and presence of penumbra on CT perfusion or post contrast MRI will be given as well. The pros and cons of general anesthesia versus conscious sedation during mechanical thrombectomy and aspiration technique versus stent-retriever will be reviewed. The usual devices used in mechanical thrombectomy and practical tips of endovascular treatment will be discussed. Finally, modified treatment in cerebral ischemia (mTICI) score after thrombectomy will be shown.

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