

Ecole de la thrombectomie Clermont-Ferrand, 13/05/22

« T » CAROTIDIEN, OCCLUSIONS DISTALES, CÉRÉBRALE ANTÉRIEURE

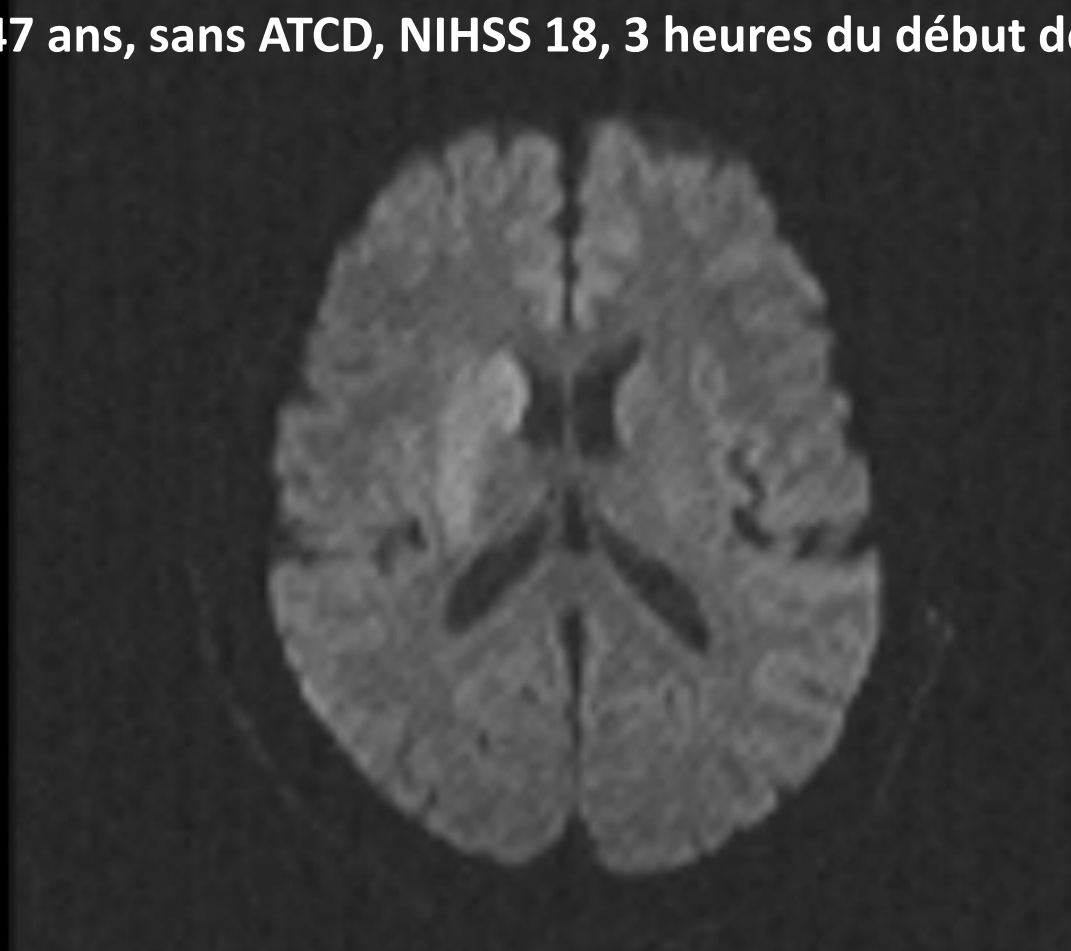
- > Quel stent ? Quelle technique ? Quel micro KT ?
- > Faut-il aller en ACA ? Comment ?
- > Quel stent pour quel caillot ? Autres dispositifs...

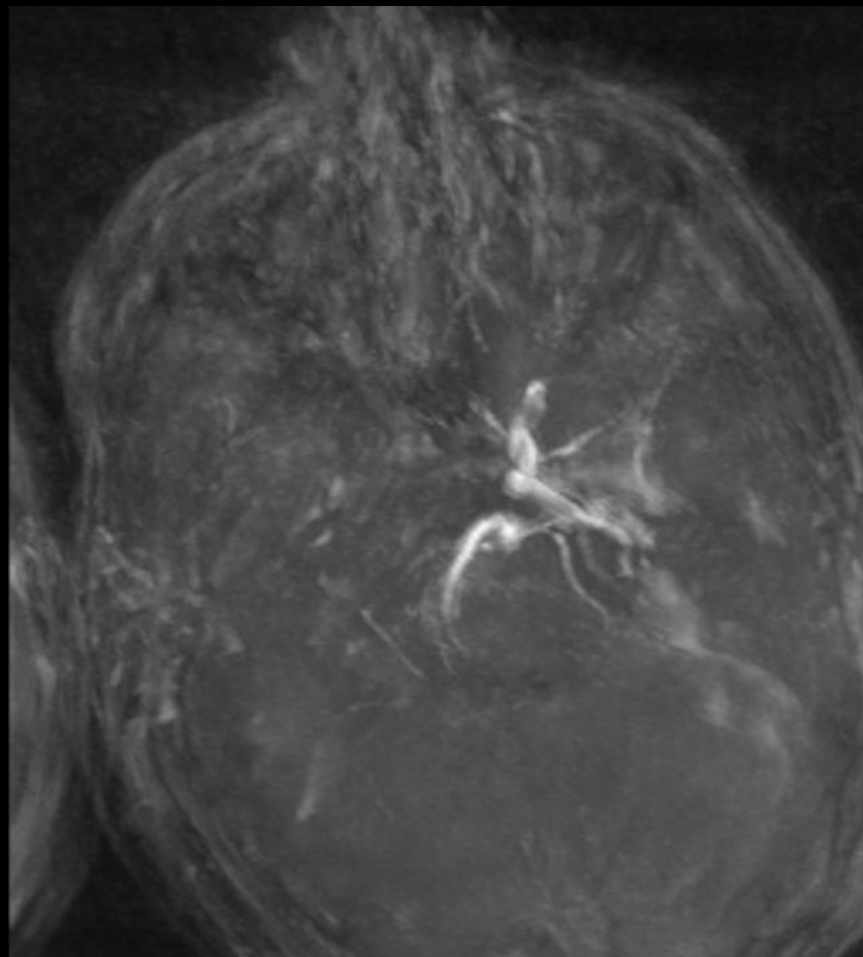
Dr Marc-Antoine Labeyrie, marc-antoine.labeyrie@aphp.fr

Neuroradiologie interventionnelle, Hôpital Lariboisière, Paris

Cas 1 :

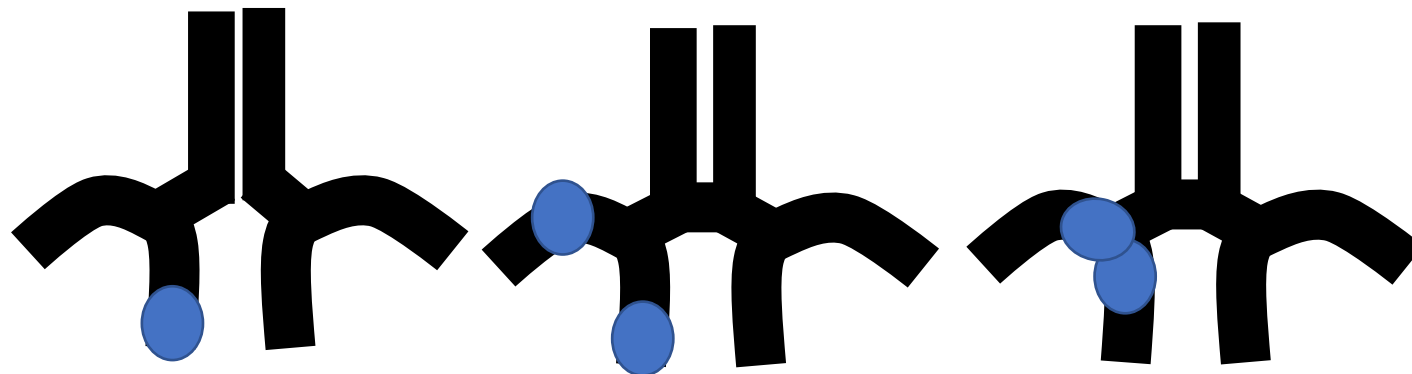
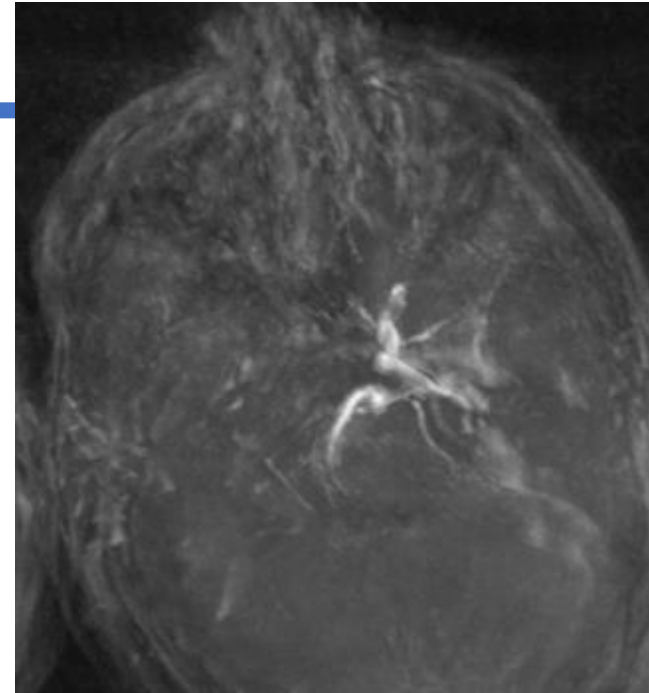
homme de 47 ans, sans ATCD, NIHSS 18, 3 heures du début des symptômes





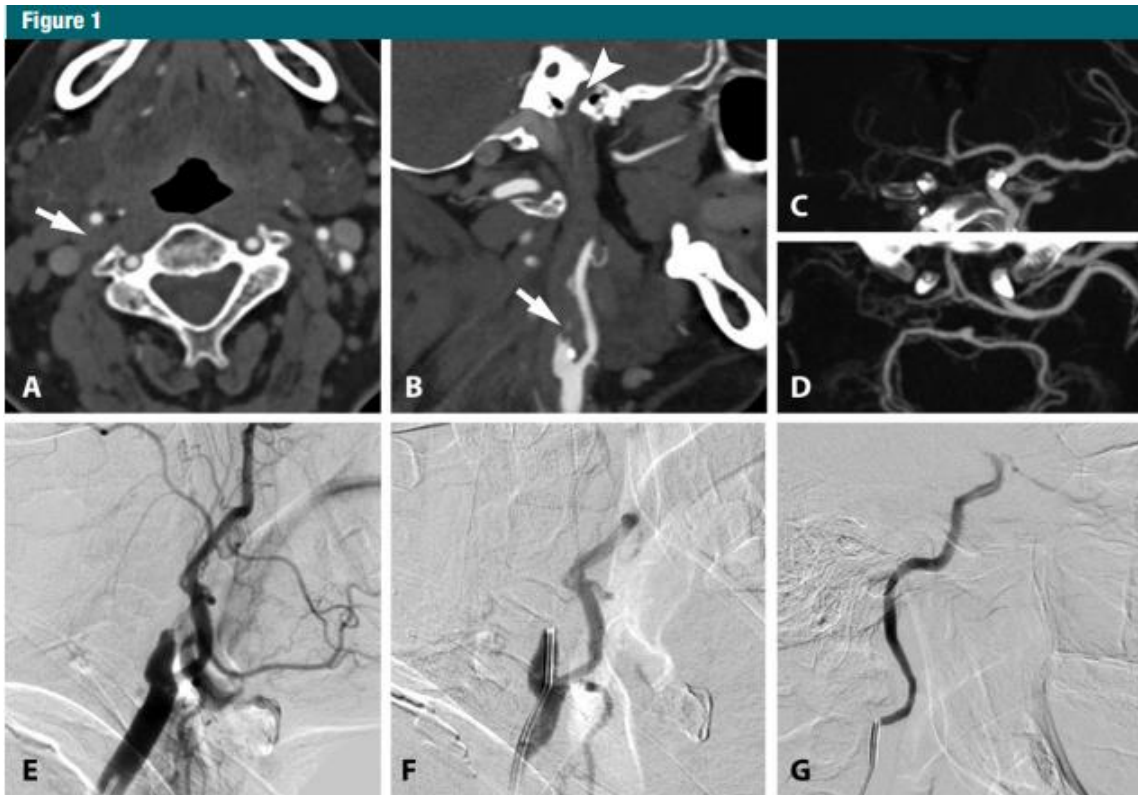
1/ Caractérisation du thrombus ?

- ACI
- ACI + ACM = « Tandem »
- ACI-ACM
- Extension du thrombus
- Forme du thrombus (I ou Y)



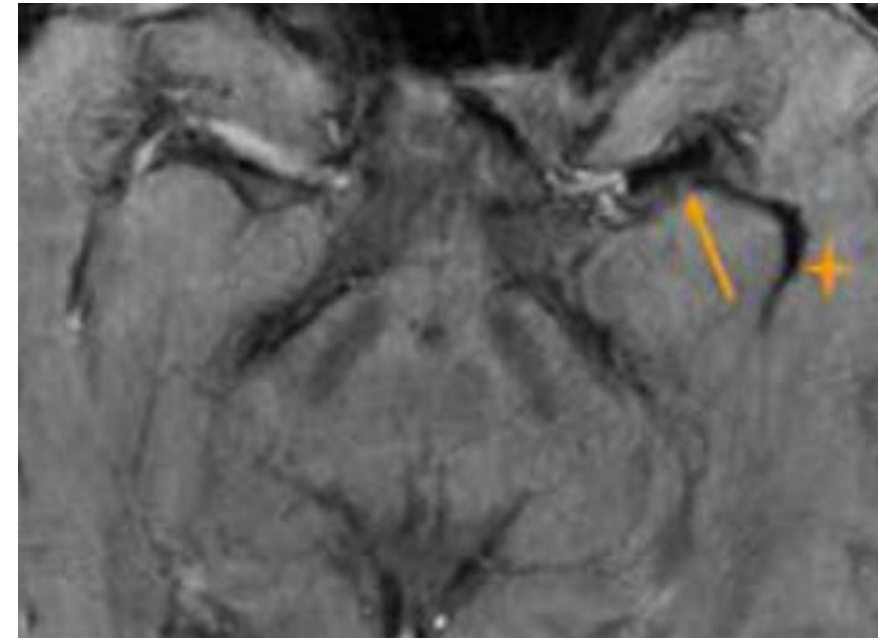
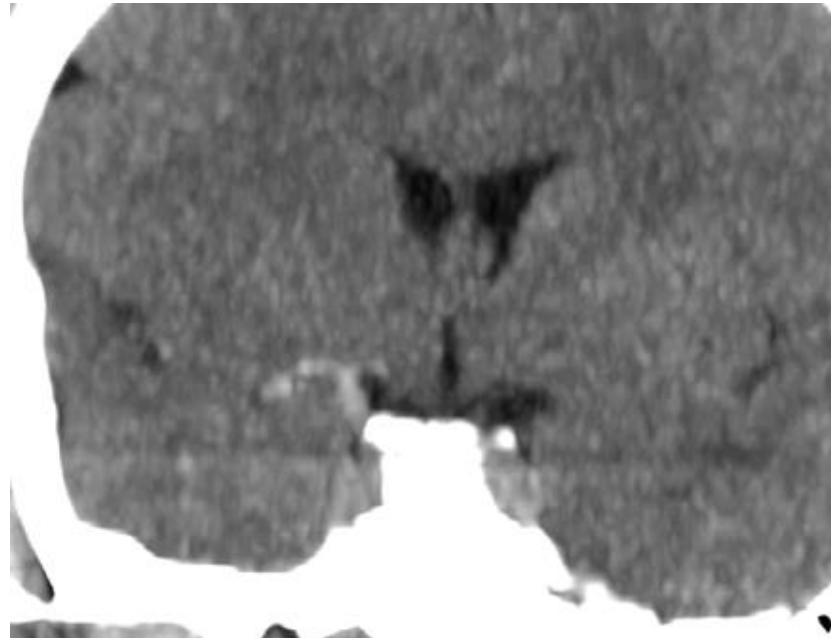
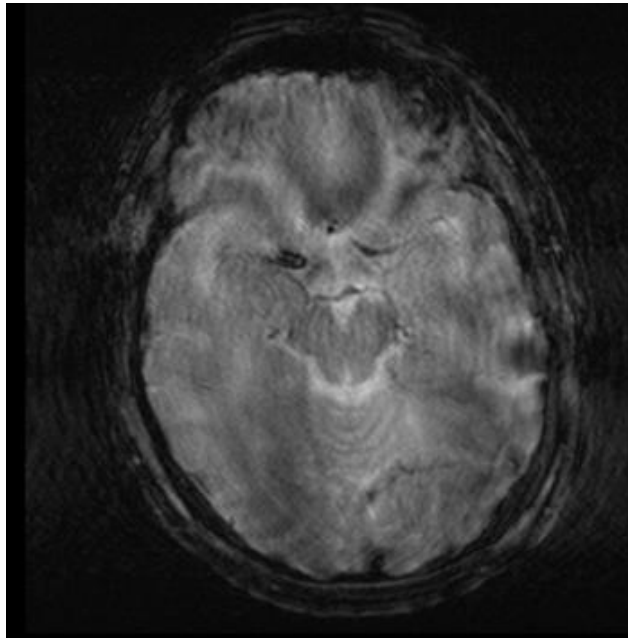
1/ Caractérisation du thrombus ?

- Imagerie vasculaire injectée



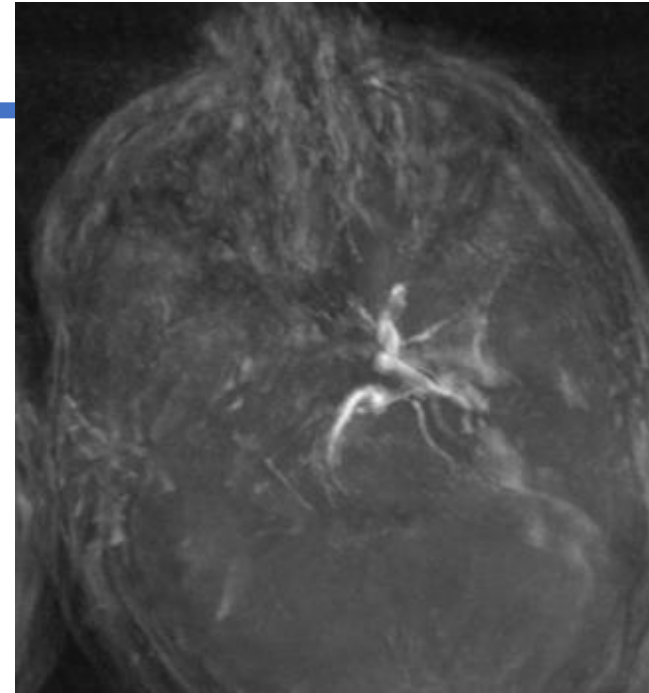
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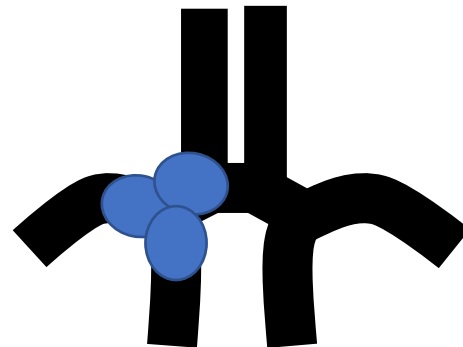


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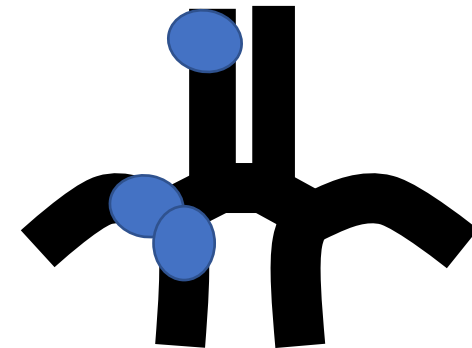


TICA-M1-A1

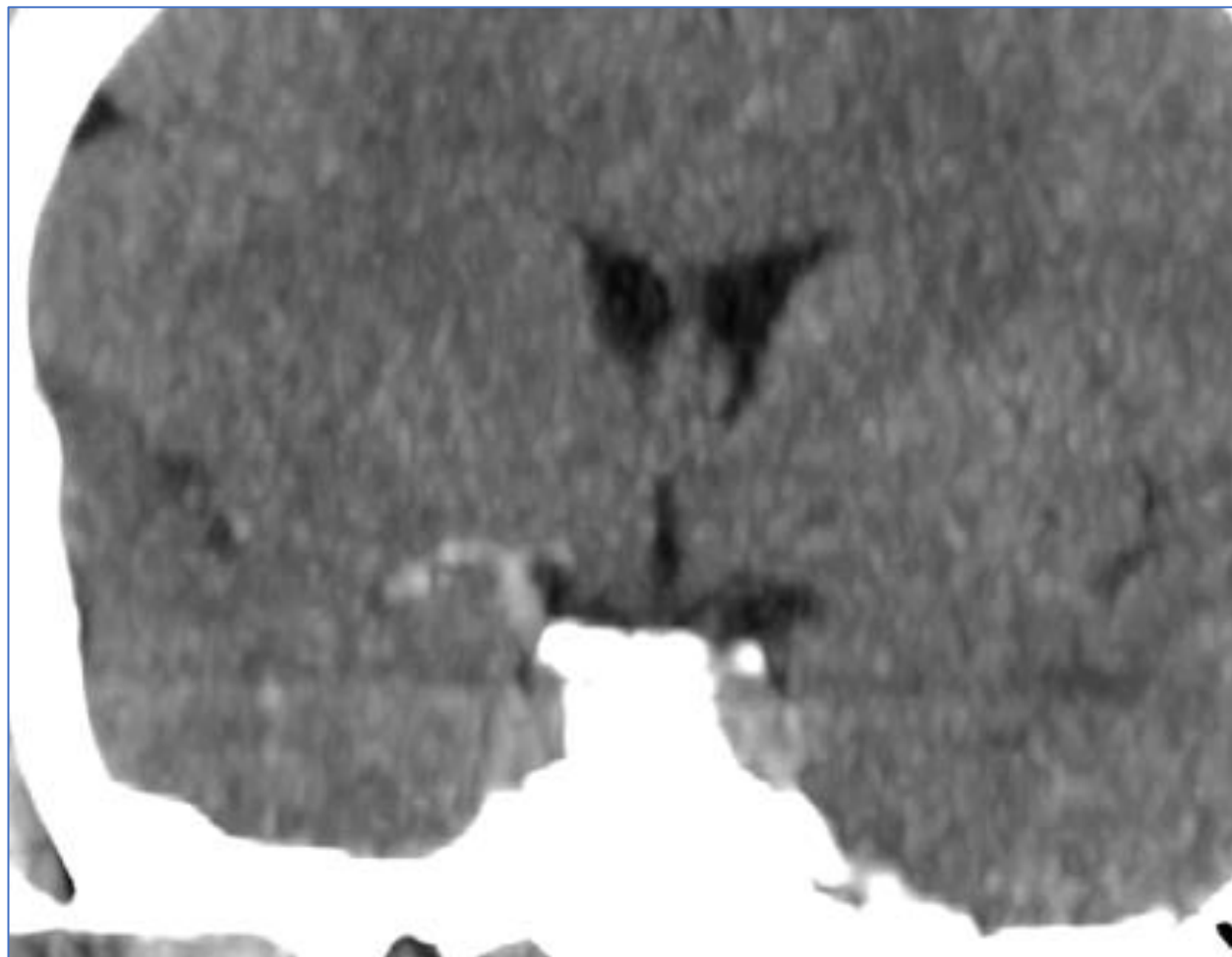


2/ Quels risques spécifiques ?

- Infarctus choroïdien antérieur
- Infarctus étendu si pas de polygone
- L'embolie erratique dans A2, A3
- Près de 20% des vrais T. vs. 5% ?
- Grèvent le pronostic
- Parfois déjà présent avant le geste
- Problématique des emboles distaux

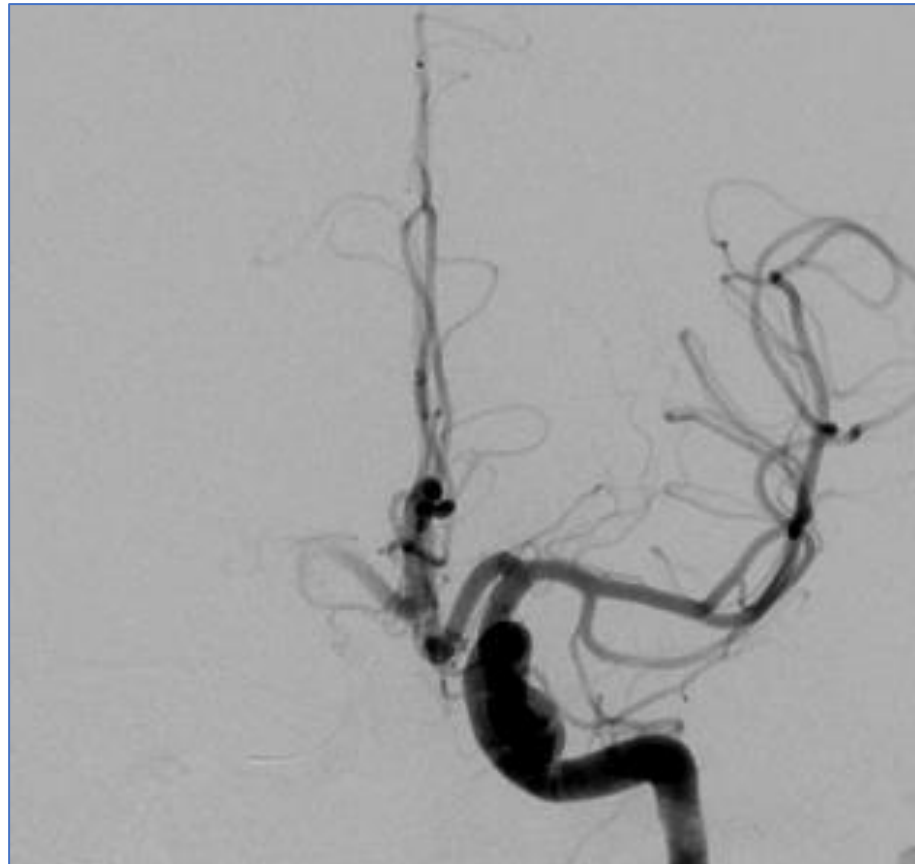


3/ Prise en charge ?



Evaluation des suppléances

- Intérêt de l'évaluation complète du polygone et d'une deuxième voie



6/ Thrombectomie vs. Aspi vs. Combiné ?

Randomized Controlled Trial > [JAMA. 2017 Aug 1;318\(5\):443-452. doi: 10.1001/jama.2017.9644.](#)

Effect of Endovascular Contact Aspiration vs Stent Retriever on Revascularization in Patients With Acute Ischemic Stroke and Large Vessel Occlusion: The ASTER Randomized Clinical Trial

Bertrand Lapergue ¹, Raphael Blanc ², Benjamin Gory ³, Julien Labreuche ⁴, Alain Duhamel ⁴,

[JAMA. 2021 Sep 28; 326\(12\): 1158–1169.](#)

PMCID: PMC8479584

Published online 2021 Sep 28. doi: [10.1001/jama.2021.13827](#)

PMID: [34581737](#)

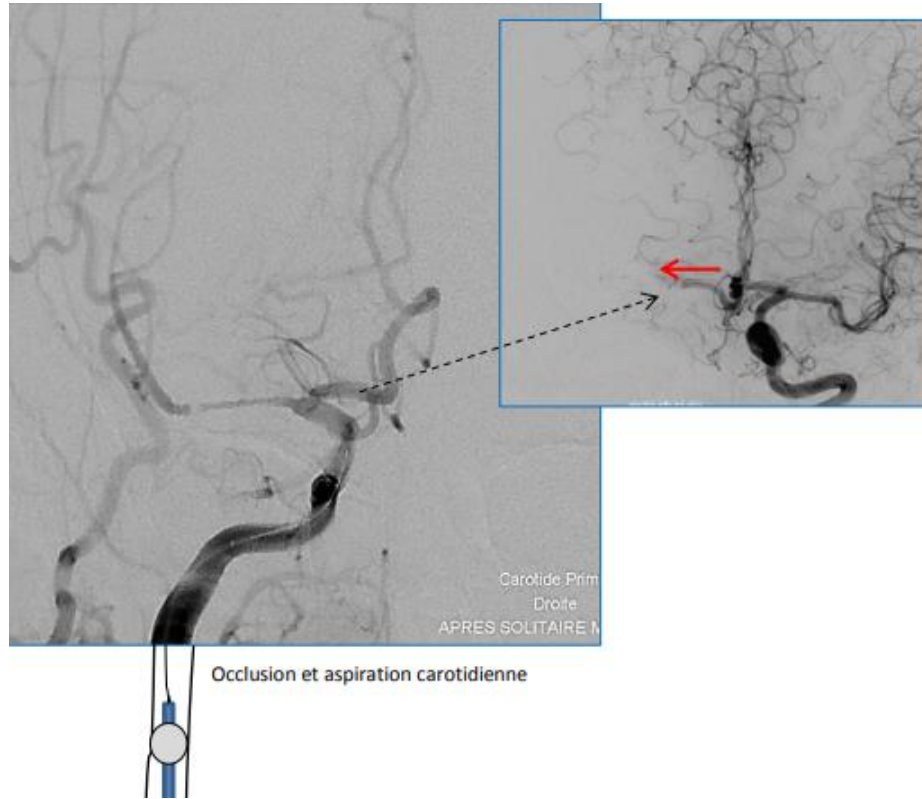
Effect of Thrombectomy With Combined Contact Aspiration and Stent Retriever vs Stent Retriever Alone on Revascularization in Patients With Acute Ischemic Stroke and Large Vessel Occlusion

The ASTER2 Randomized Clinical Trial

[Bertrand Lapergue](#), MD, PhD,¹ [Raphaël Blanc](#), MD,² [Vincent Costalat](#), MD, PhD,³ [Hubert Desal](#), MD, PhD,⁴

[Susanna Saleme](#), MD,⁵ [Laurent Spelle](#), MD, PhD,⁶ [Gautier Marnat](#), MD,⁷ [Fimad Shohar](#), MD,⁸ [François Eugene](#), MD,⁹

7/ Le ballon cervical



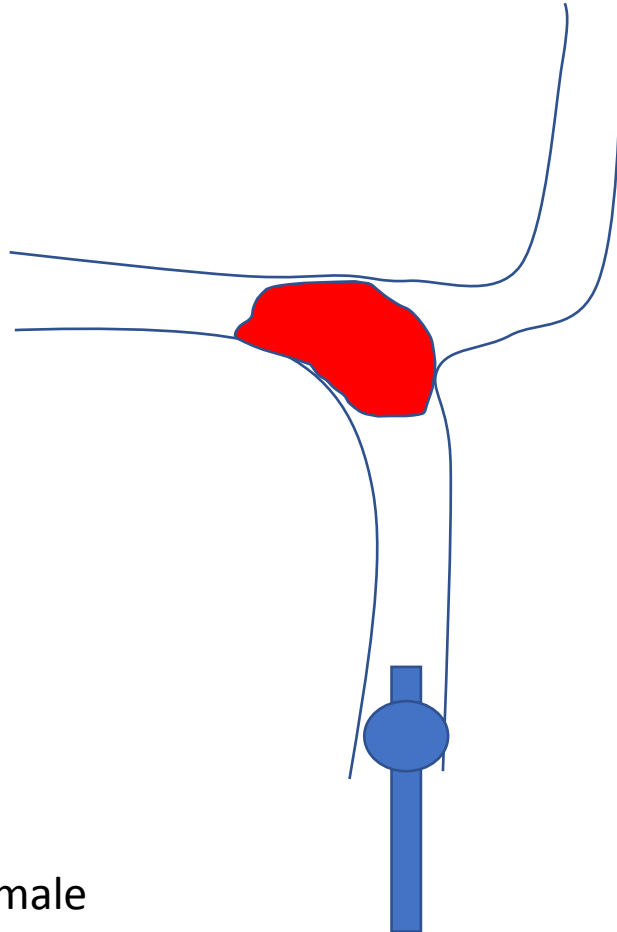
Balloon Guide Catheter is Not Superior to Conventional Guide Catheter when Stent Retriever and Contact Aspiration are Combined for Stroke Treatment

Romain Bourcier ¹, Gaultier Marnat ², Julien Labreuche ³, Hubert Desal ¹, Federico Di Maria ⁴, Arturo Consoli ⁴, François Eugène ⁵, Benjamin Gory ⁶, Cyril Dargazanli ⁷, Raphaël Blanc ⁸, Bertrand Lapergue ⁹

Affiliations + expand

PMID: 32717034 DOI: [10.1093/neuros/nyaa315](https://doi.org/10.1093/neuros/nyaa315)

8/ Les techniques alternatives



La thromboaspiration proximale

8/ Les techniques alternatives

> [Front Neurol.](#) 2020 Aug 27;11:924. doi: 10.3389/fneur.2020.00924. eCollection 2020.

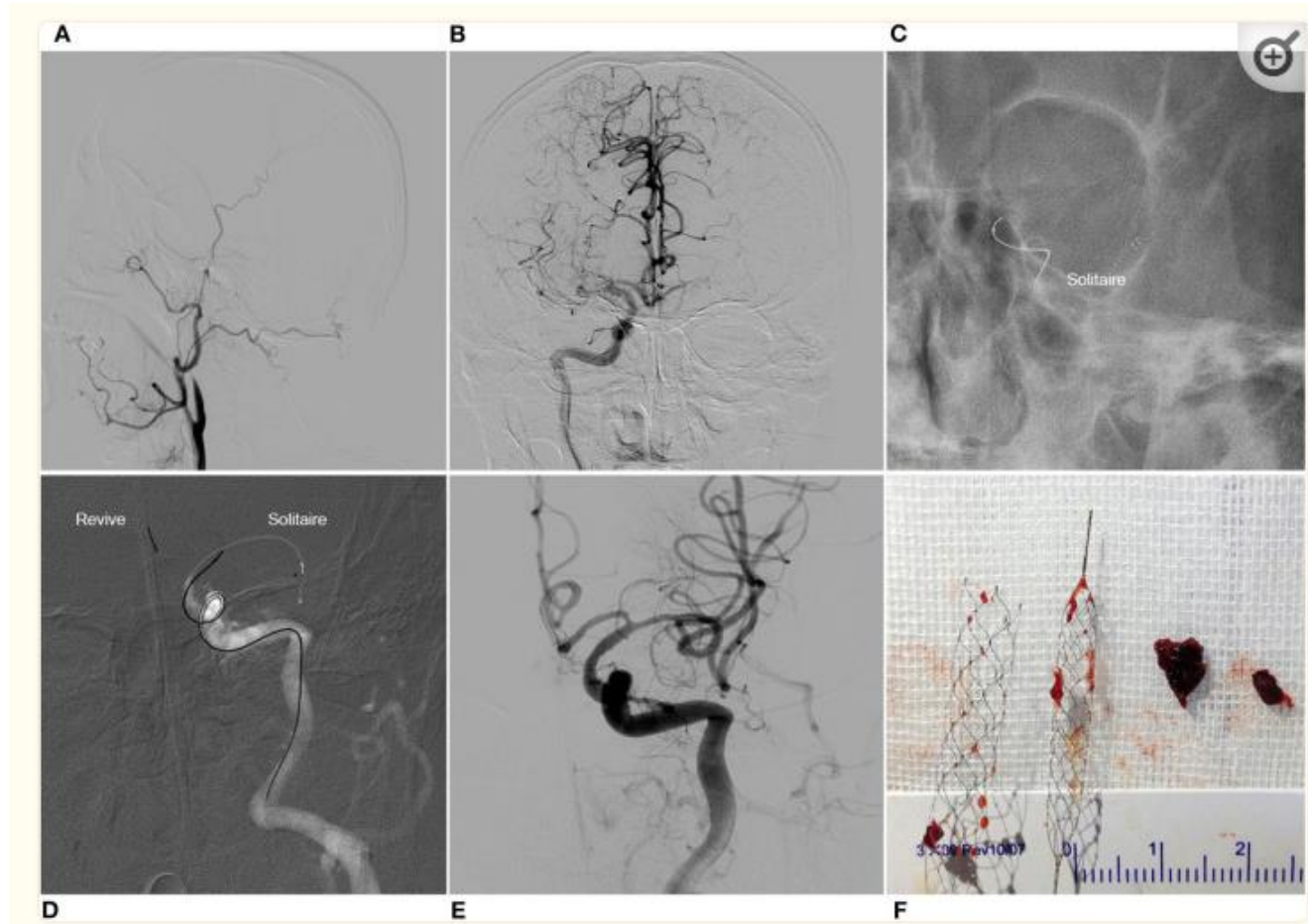
Y-Stent Rescue Technique for Failed Thrombectomy in Patients With Large Vessel Occlusion: A Case Series and Pooled Analysis

Zifu Li¹, Peng Liu¹, Lei Zhang¹, Yongwei Zhang¹, Yibin Fang¹, Pengfei Xing¹, Qinghai Huang¹, Pengfei Yang¹, Jianmin Liu¹

Affiliations + expand

PMID: 32973671 PMCID: PMC7481477 DOI: 10.3389/fneur.2020.00924

[Free PMC article](#)



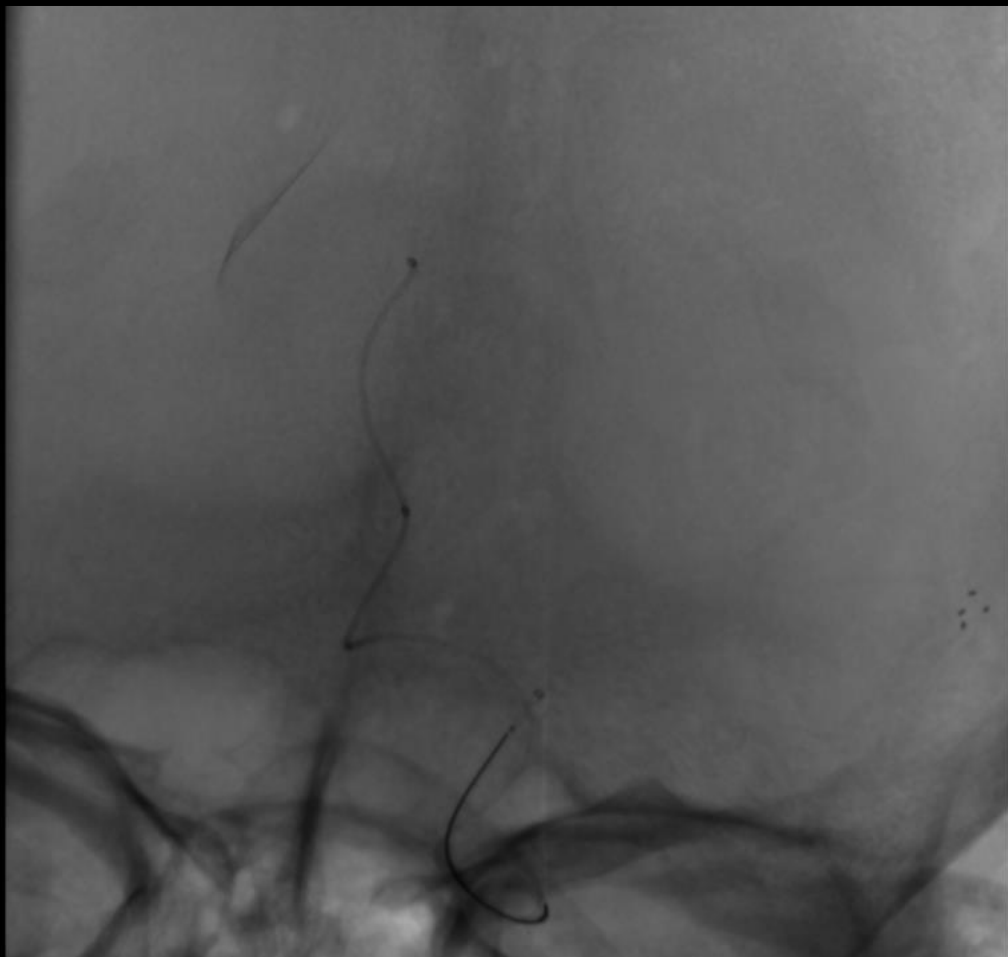
La thrombectomie en Y

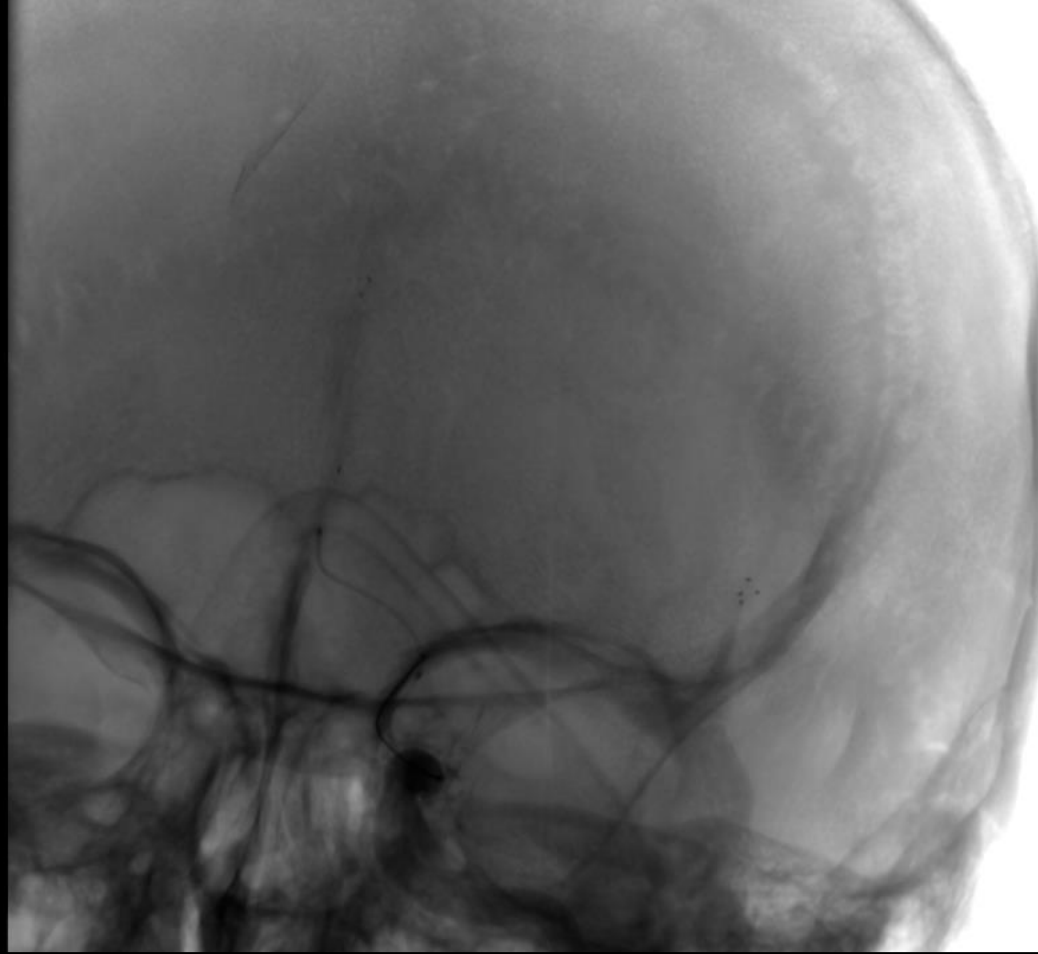
(Des images peuvent être ignorées)

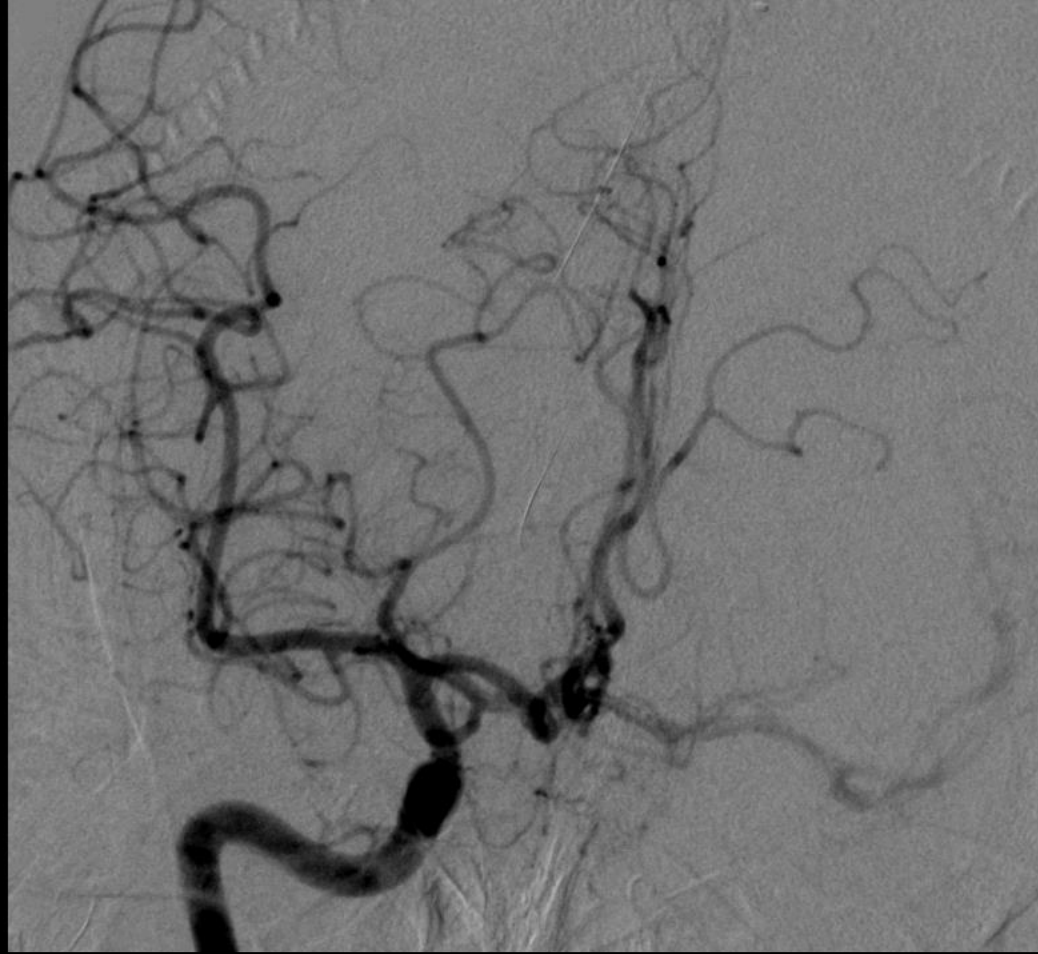










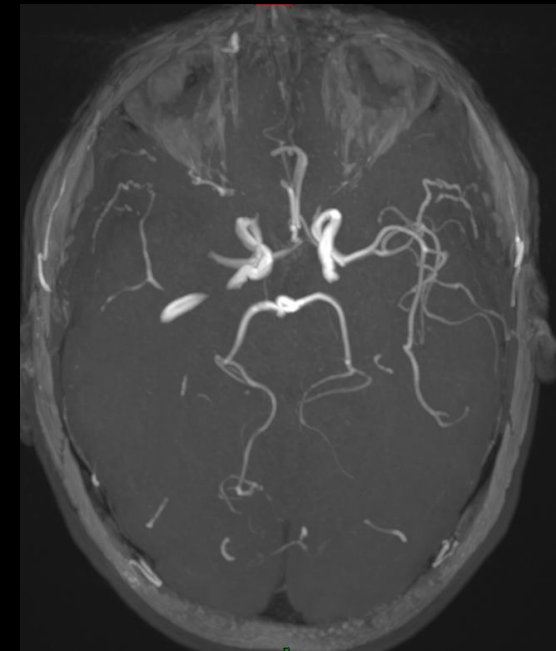
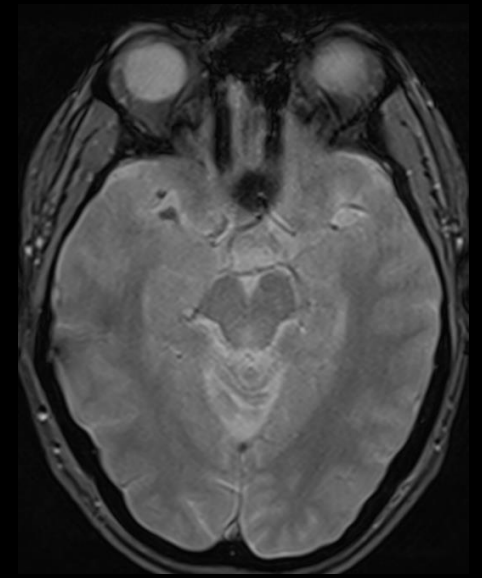
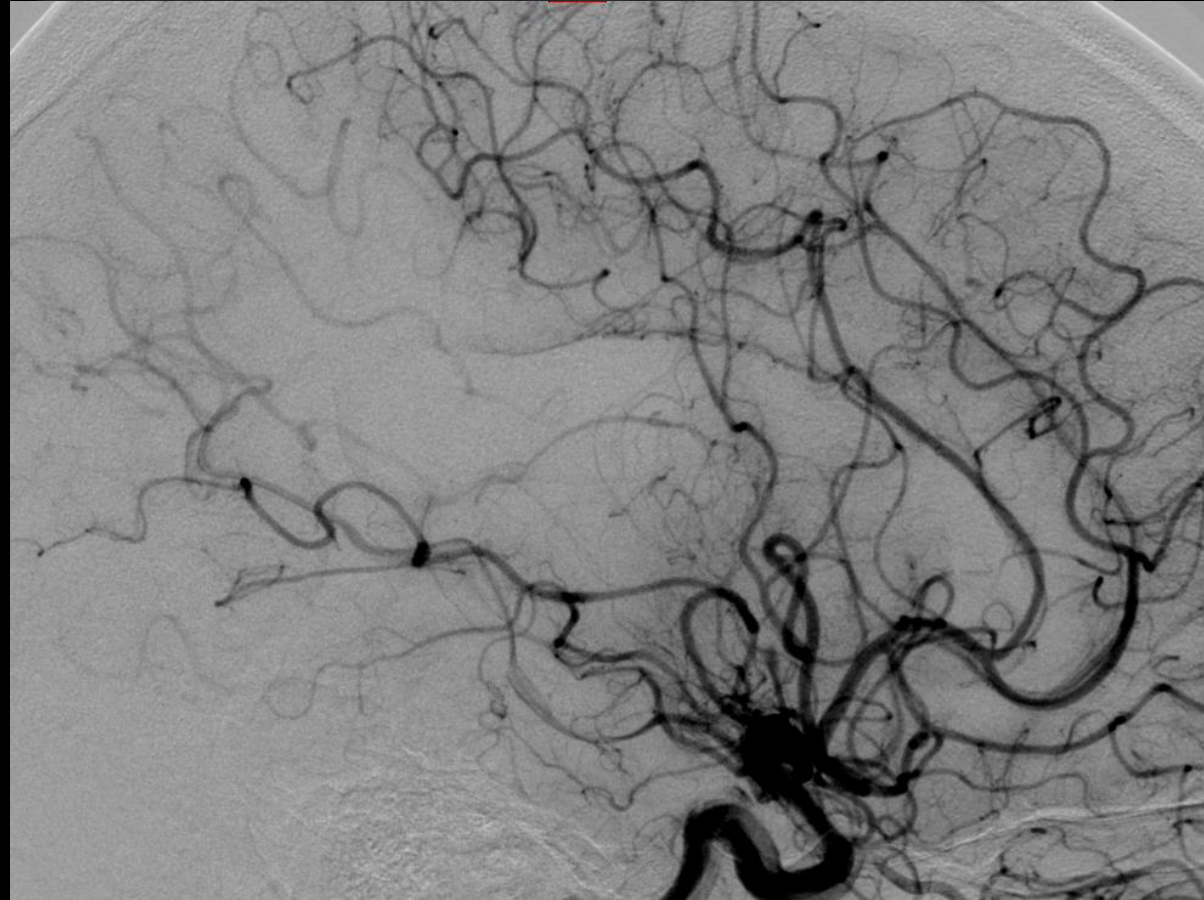
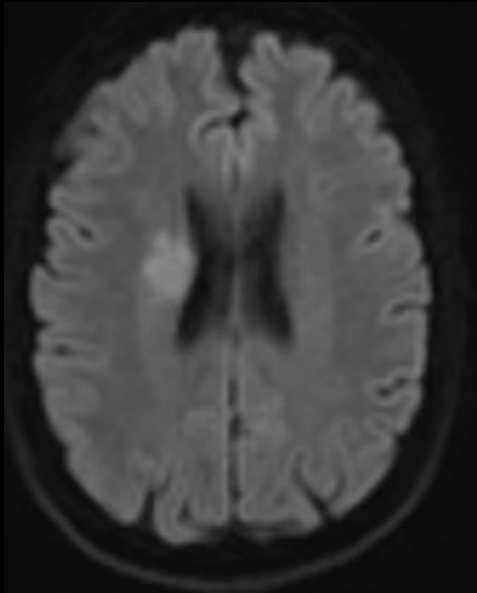


Take-home message – occlusions en T

- Exclure les patients avec un infarctus massif
- Bien analyser le polygone et la forme du thrombus
- Eliminer un thrombus A2-A3 initial
- Intérêt de partir d'emblée avec 2 voies
- La méthode combinée ?
- Le ballon cervical ?

Cas 2 :

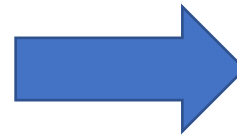
Femme de 39 ans, sans ATCD, NIHSS 6, 2,5 heures, tPAiV à 3.5h



Les occlusions distales

Moins de bénéfice :

- territoire plus petit
- moins de pénombre à sauver



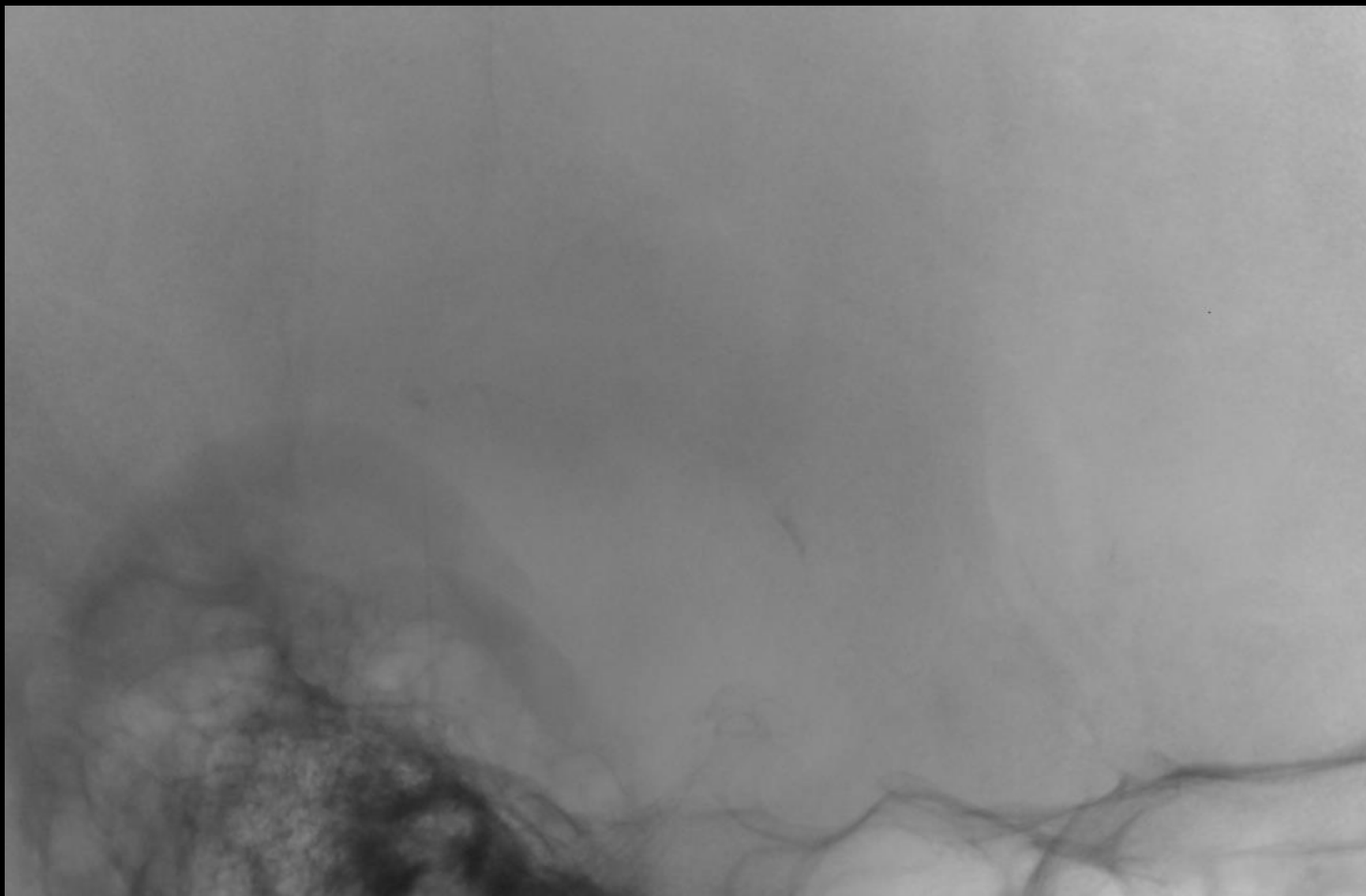
Pénombre +++

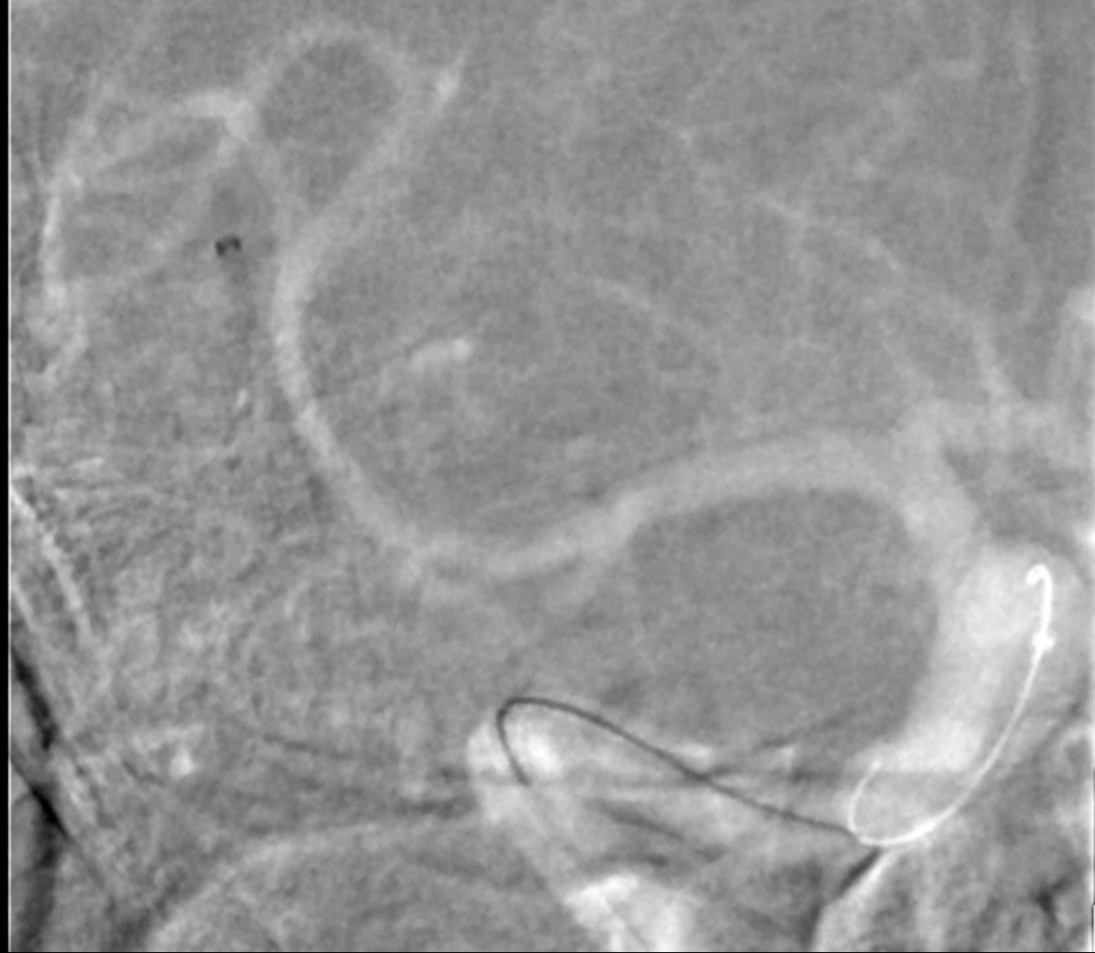
Plus de risque :

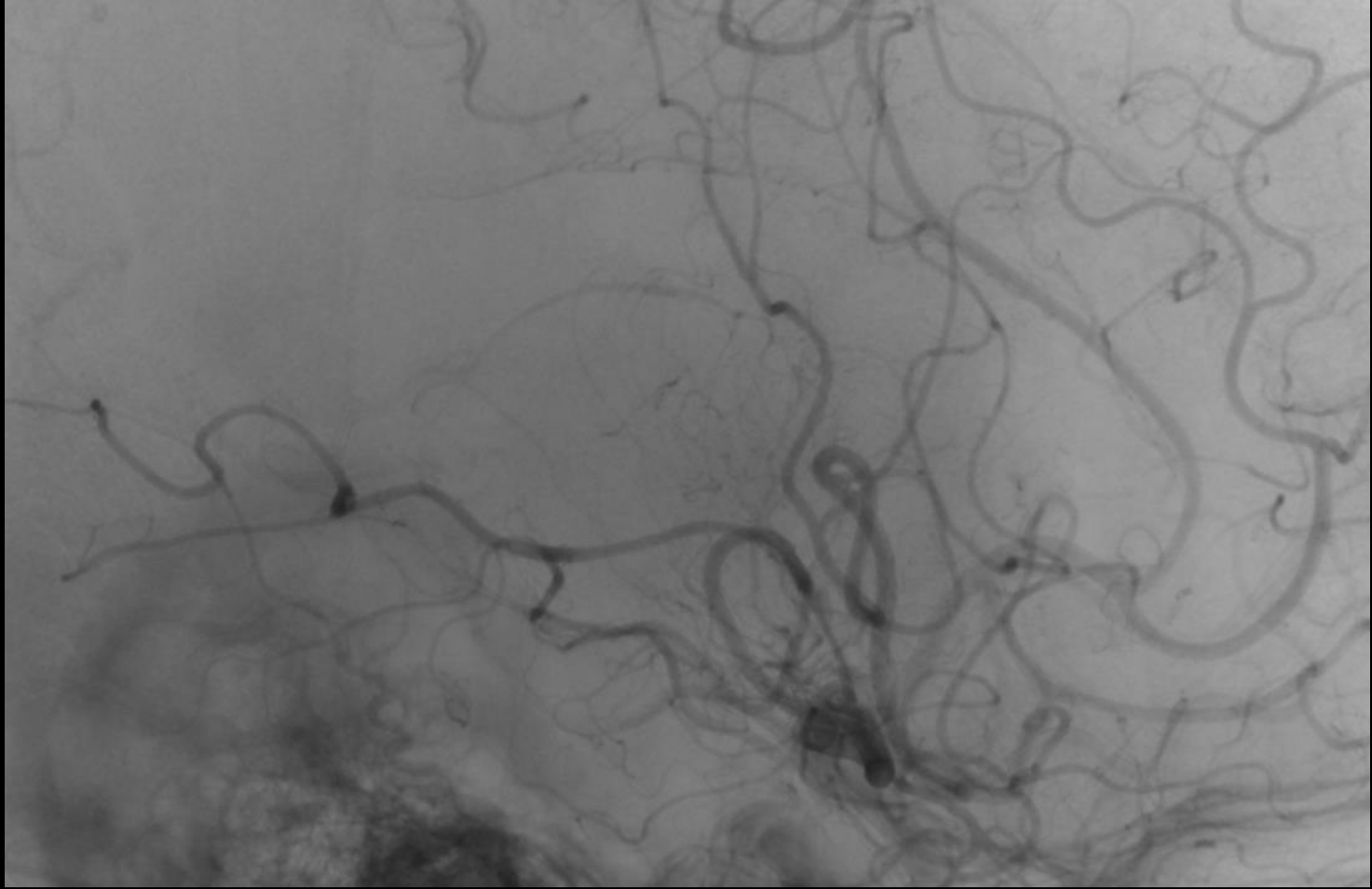
- Navigation plus dangereuse
- Lésions de traction plus fréquentes



Microcathéter soft
Guide soft
Stents retrievers soft
Thromboaspiration
Thrombolyse IV ou IA







Les occlusions distales

Ischemic Stroke

ORIGINAL RESEARCH

Blind exchange with mini-pinning technique for distal occlusion thrombectomy

Diogo C Haussen, Alhamza R Al-Bayati, Brendan Eby, Krishnan Ravindran,[●]
Gabriel Martins Rodrigues,[●] Michael R Frankel, Raul G Nogueira

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Emory University, Marcus Stroke
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ABSTRACT

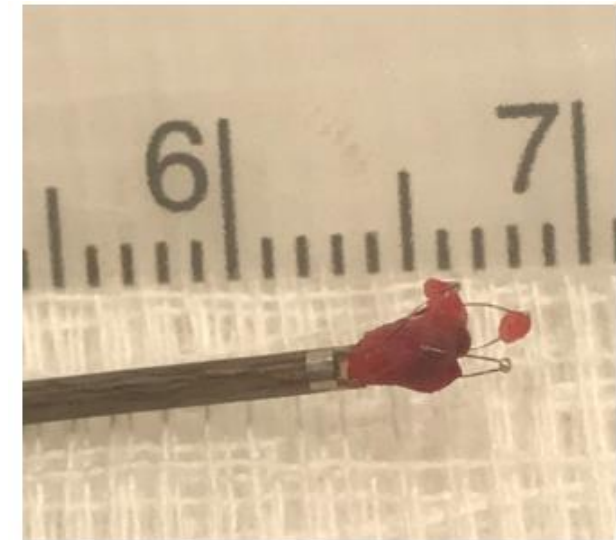
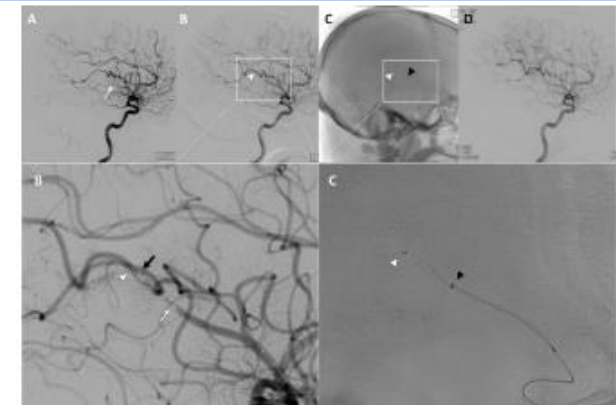
Introduction Technical improvements to enhance distal occlusion thrombectomy are desirable. We describe the blind catheter exchange technique and report the pinning technique with small devices ("mini-pinning") for distal occlusions.

Methods A retrospective review of a prospective database from January 2015 to August 2018 was performed for cases of distal occlusion in which the "blind exchange/mini-pinning" (BEMP) techniques were used. The technique involves the deployment of a 3 mm Treon retriever followed by microcatheter removal and

reperfusion may be only achieved in a small fraction (<30%) of cases.³ Therefore, improvement in techniques is important to enhance reperfusion rates and, ultimately, to achieve better clinical outcomes. We describe the blind catheter exchange technique using the stent-retriever delivery wire to advance the thromboaspiration catheter and report the pinning technique with small devices ("mini-pinning") for thrombectomy of distal occlusions, which may improve procedural performance.

METHODS

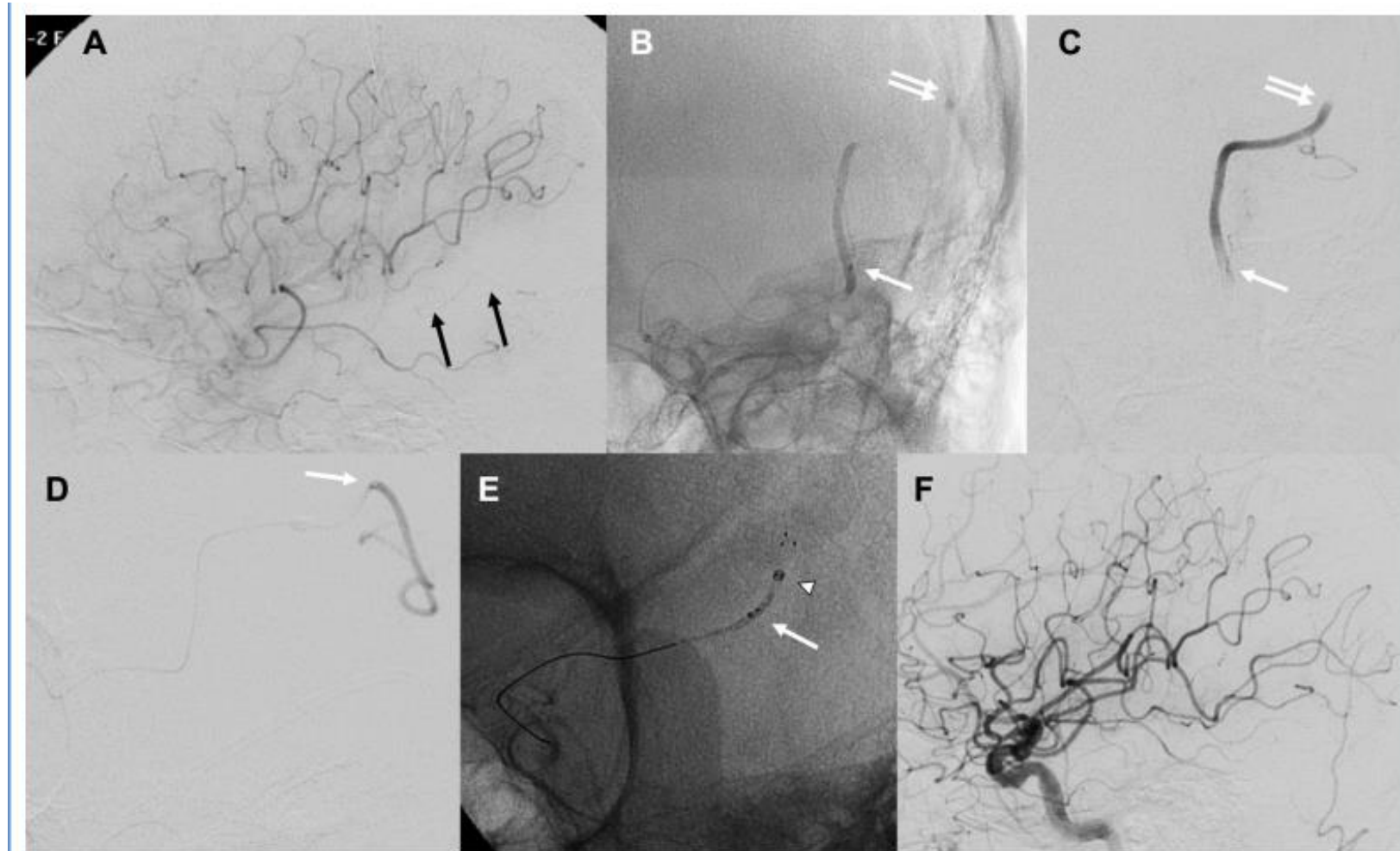
J Neurointervent Surg: first published as 10.1136/neurintsurg-2019-02-000000



Les occlusions distales

Distal Thrombectomy with Headway Duo 167 cm and Catchview Mini Stent Retriever:
A Technical Note

Lorenzo Piergallini^{1,2}, Amedeo Cervo², Antonio Macera², Mariangela Piano², Guglielmo Pero²



Take-home message – occlusion distale

- Exclure les patients avec un NIHSS faible, surtout si TA normale
- Faire une perfusion
- Aspiration 3Max
- Stent retriever distal
- Combiné sur HEADWAY DUO 167 ++