



T Carotidien, ACA, Emboles Distaux

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Faits

- L'évolution clinique favorable est fortement corrélée à la recanalisation précoce **NINDS study**
N Engl J Med. 1995 ; Hacke W, Lancet 2004
- Les patients avec un score NIHSS ≥ 15 ont le plus souvent des occlusions des vaisseaux proximaux et une moins bonne évolution clinique
- Les patients avec un score ASPECT inférieur à 6, donc ischémie de gros volume, ont un risque de transformation hémorragique post-repérfusion augmenté **ECASS Berger, C. et al. Stroke 2001;32:1330-1335**

Terminaison Carotidienne

- 20-30% des occlusions circulation antérieure
- NIHSS d'arrivée plus élevé
- Charge thrombus plus importante
- Fragmentation distal du thrombus plus fréquent

Terminaison Carotidienne

European Journal of Neurology 2013, 20: 1017–1024

doi:10.1111/ene.12094

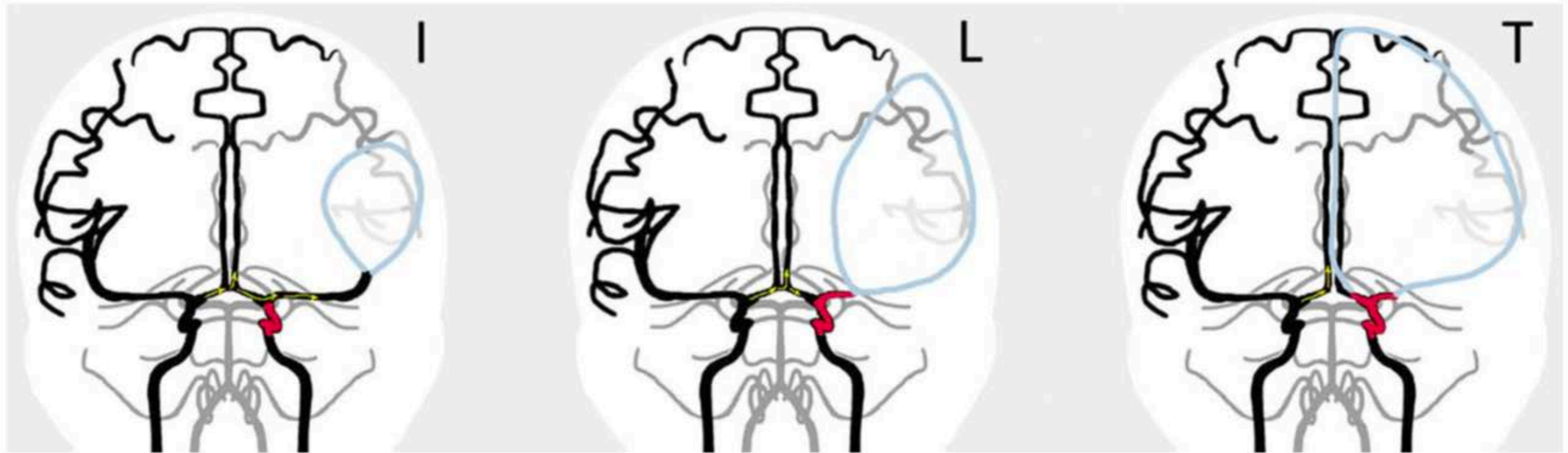
Endovascular therapy in 201 patients with acute symptomatic occlusion of the internal carotid artery

U. Fischer^a, M.-L. Mono^a, G. Schroth^b, S. Jung^{a,b}, P. Mordasini^b, M. El-Koussy^b, A. Weck^a, C. Brekenfeld^b, O. Findling^a, A. Galimanis^a, M. R. Heldner^a, M. Arnold^a, H. P. Mattle^a and J. Gralla^b

- Recanalisation par thrombolyse IV 5 – 12%
- Taux de recanalisation (TICI 2B/3): 57%
- mRS 0-3 46%, mRS 0-2 28%
- Les pires résultats cliniques sont les occlusions en T, mortalité de 39%

Terminaison Carotidienne

- Occlusions en I , L et T

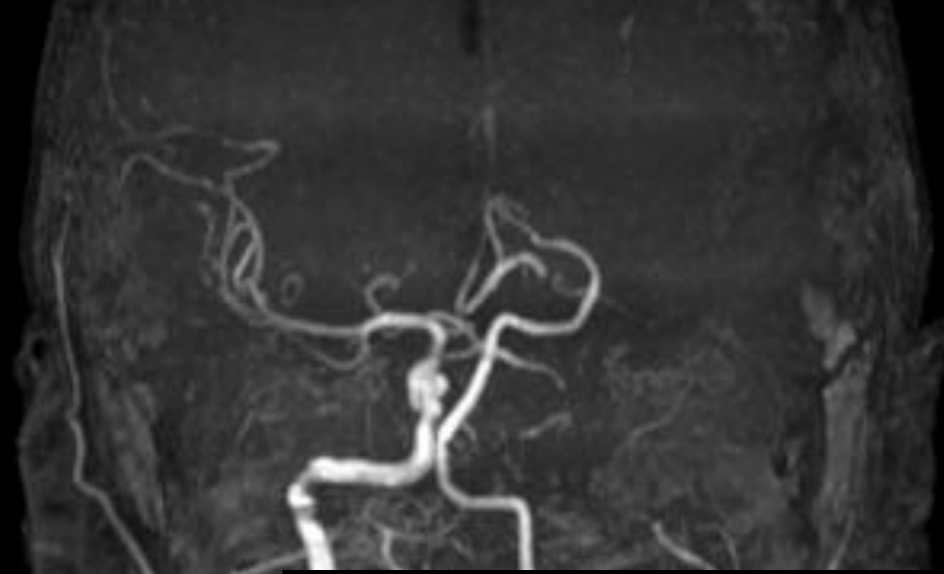


Cas 1

- M, 85 ans
- Hospitalisé en Cardio pour problème de rythme, anti-coagulant
- Déficit brutal de l'hémicorps gauche à 12:30
- NIHSS 26

IRM
13:40

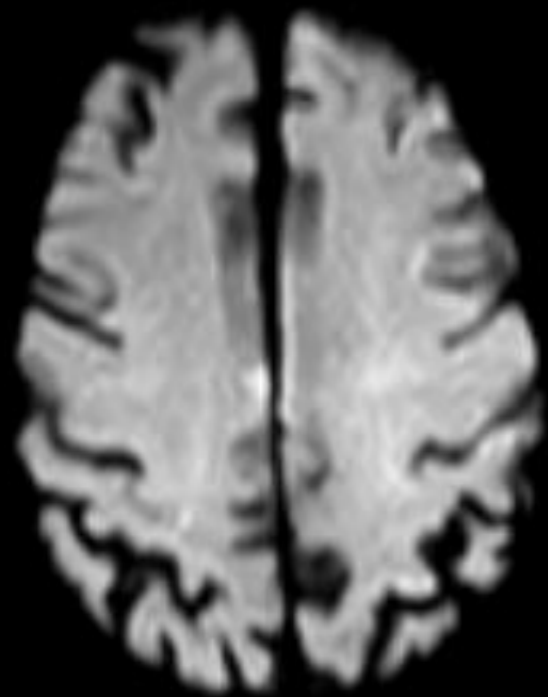
R



L

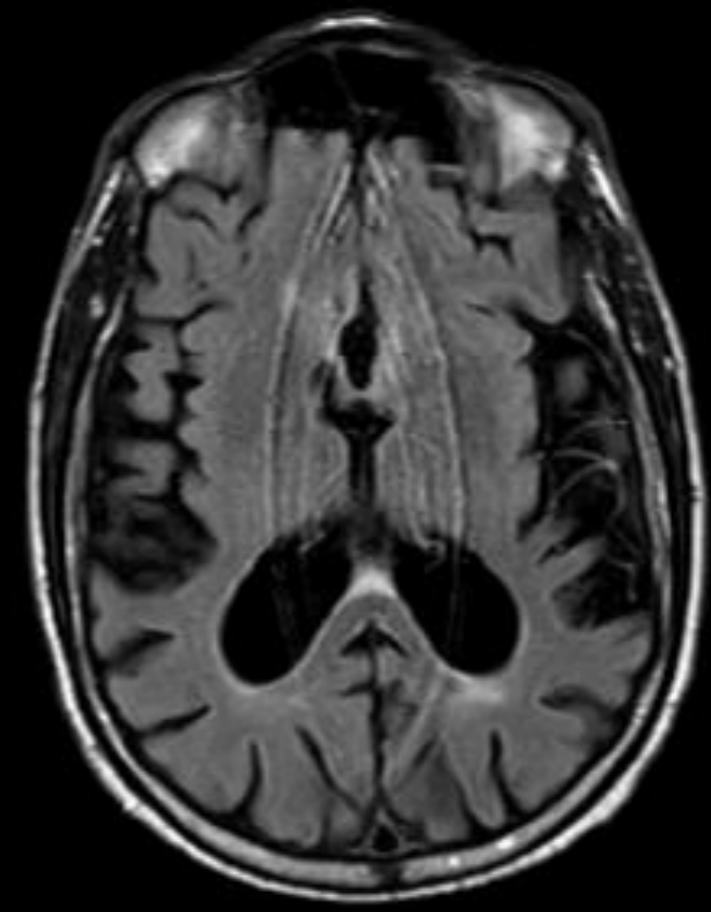
A

A



R

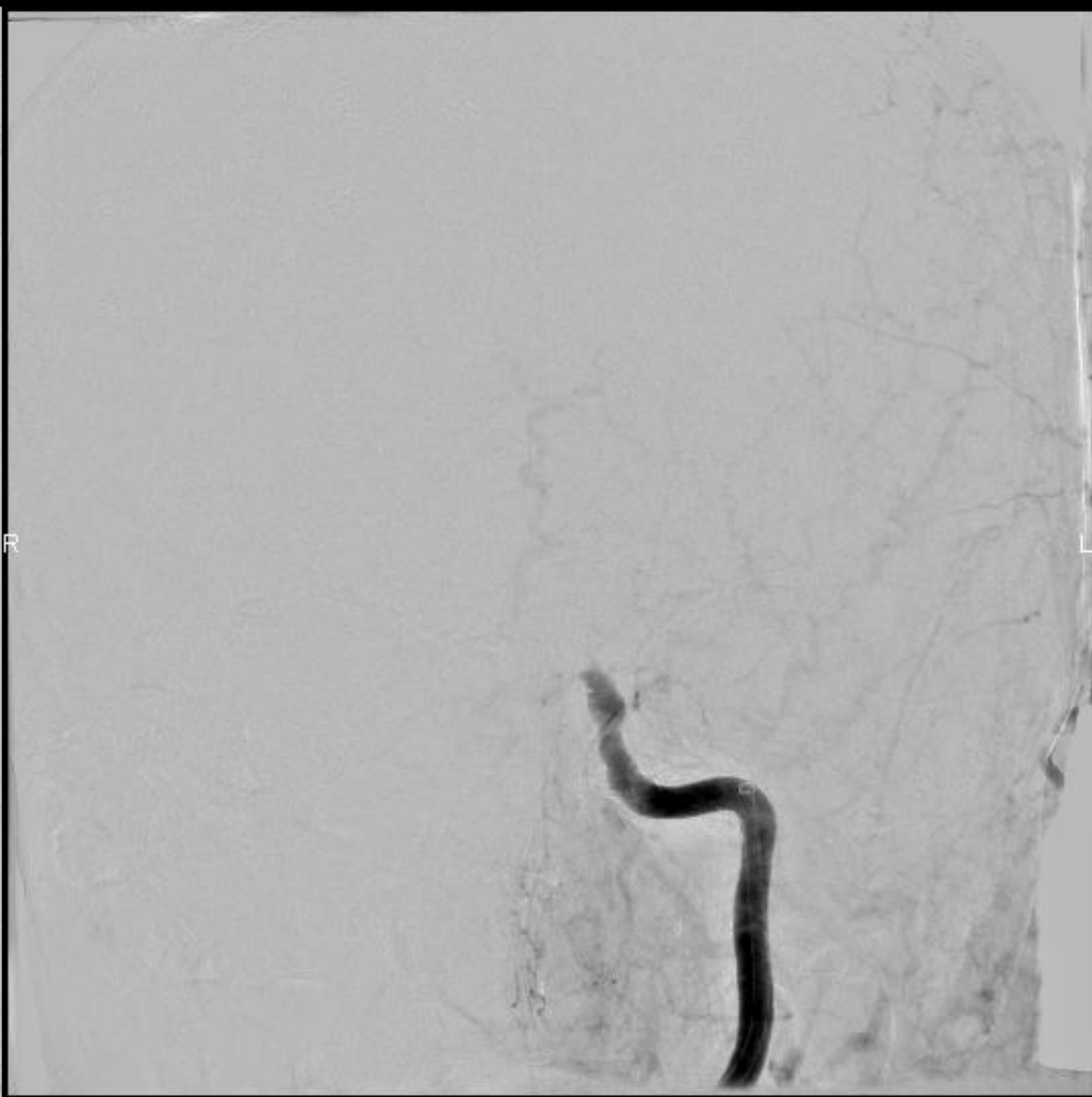
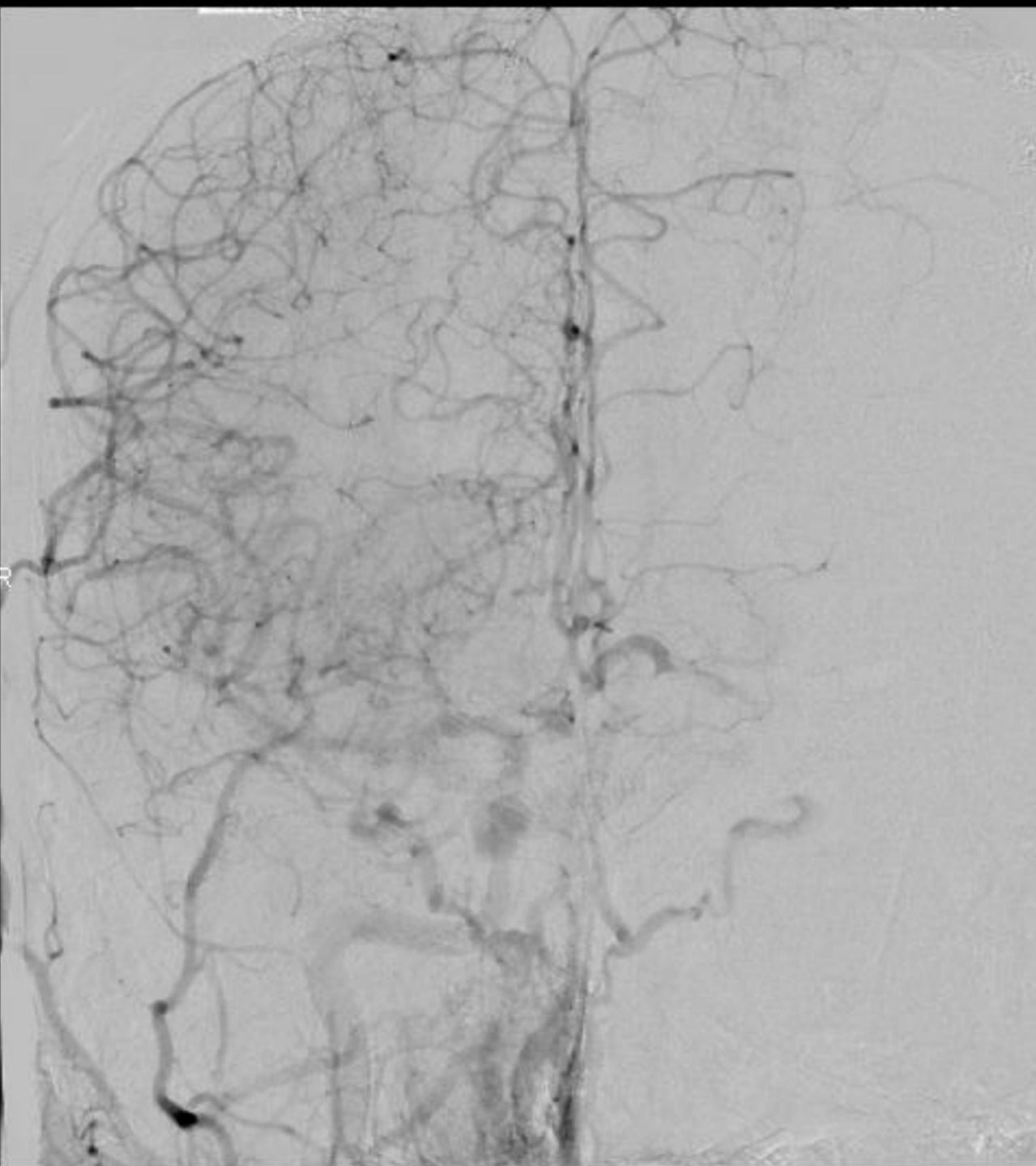
P



P

ASPECT 9

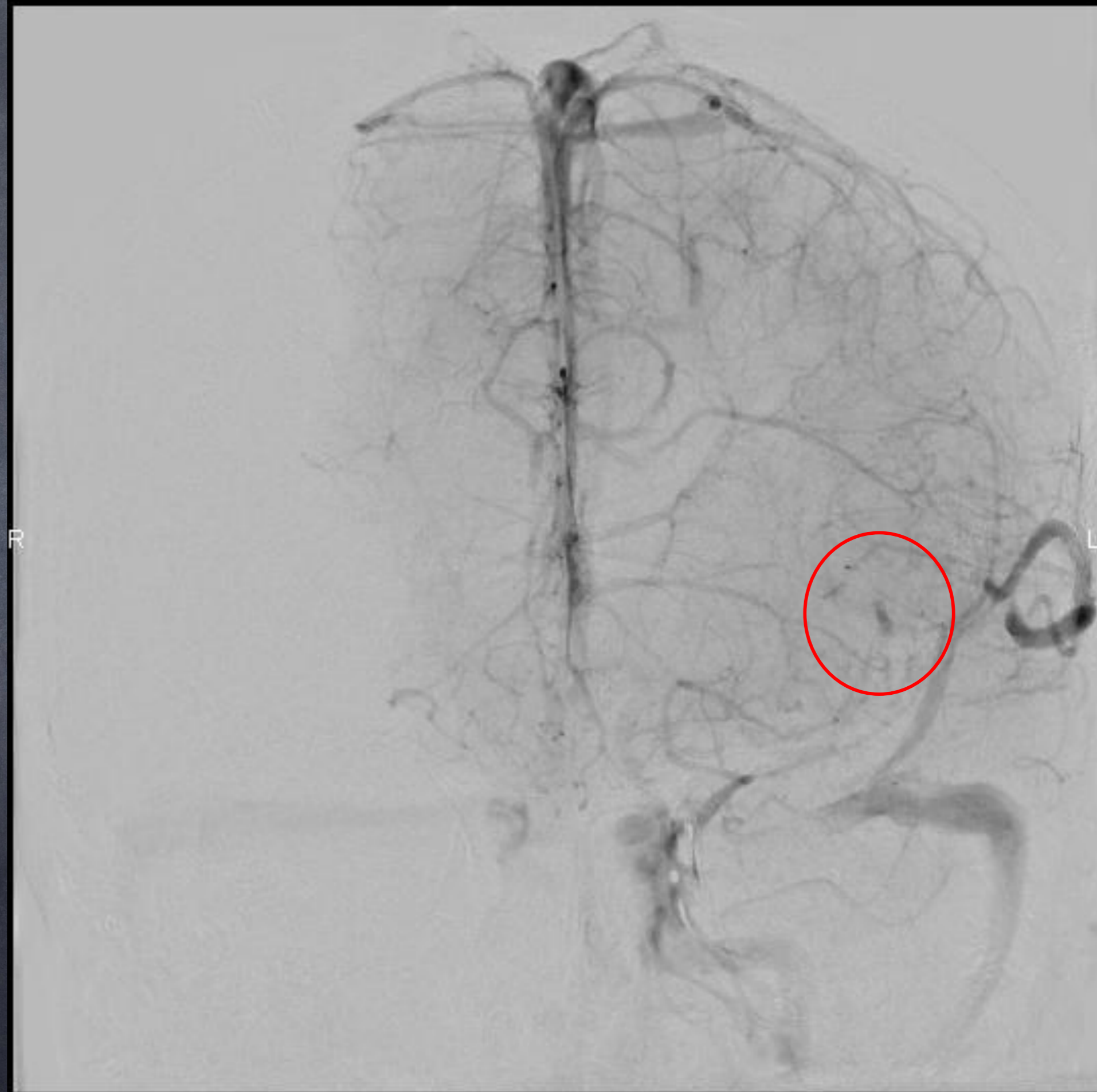
Bloc NRI 14:00

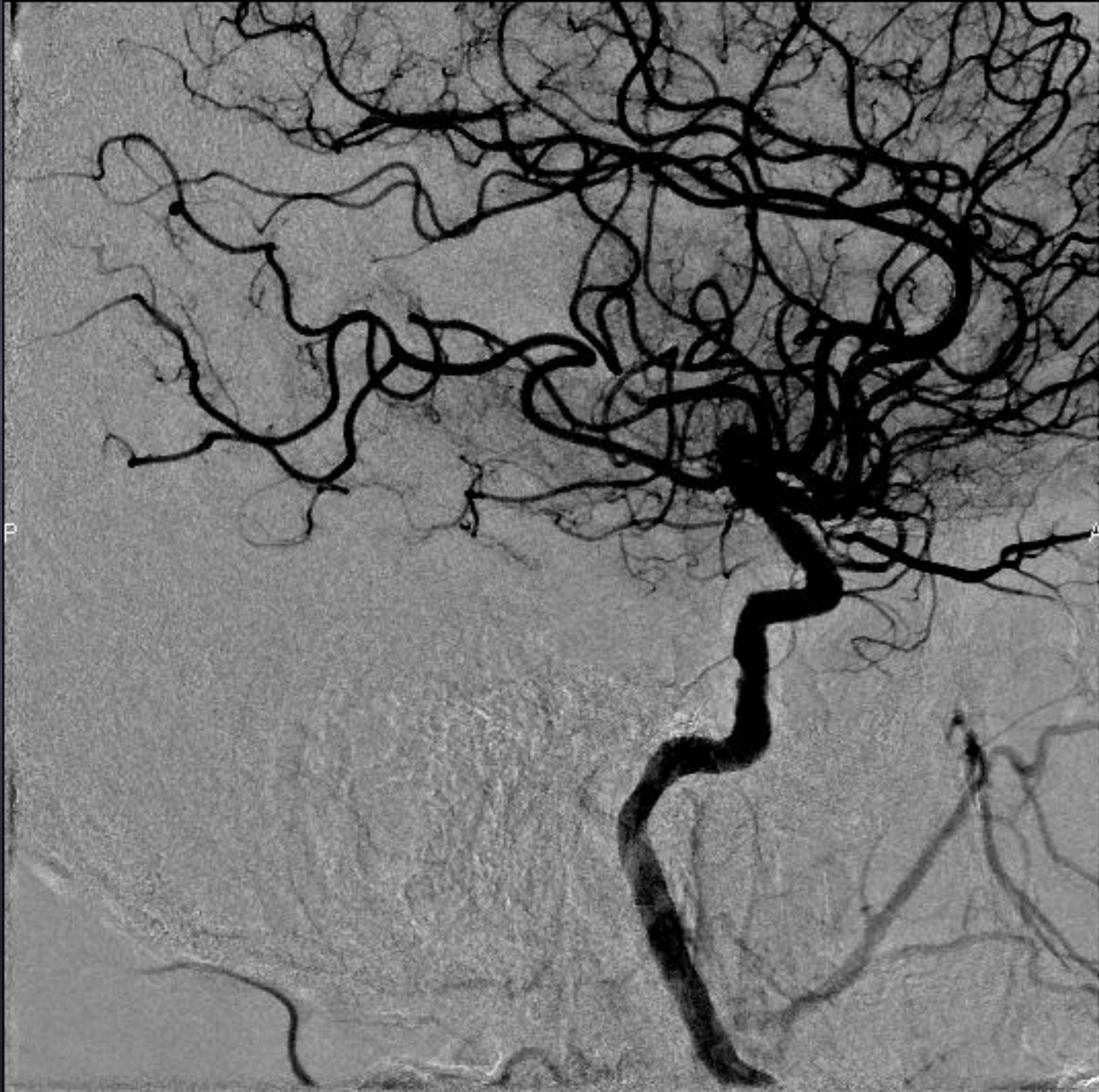


F

F

Sofia +
Velocity
Solitaire 6x40

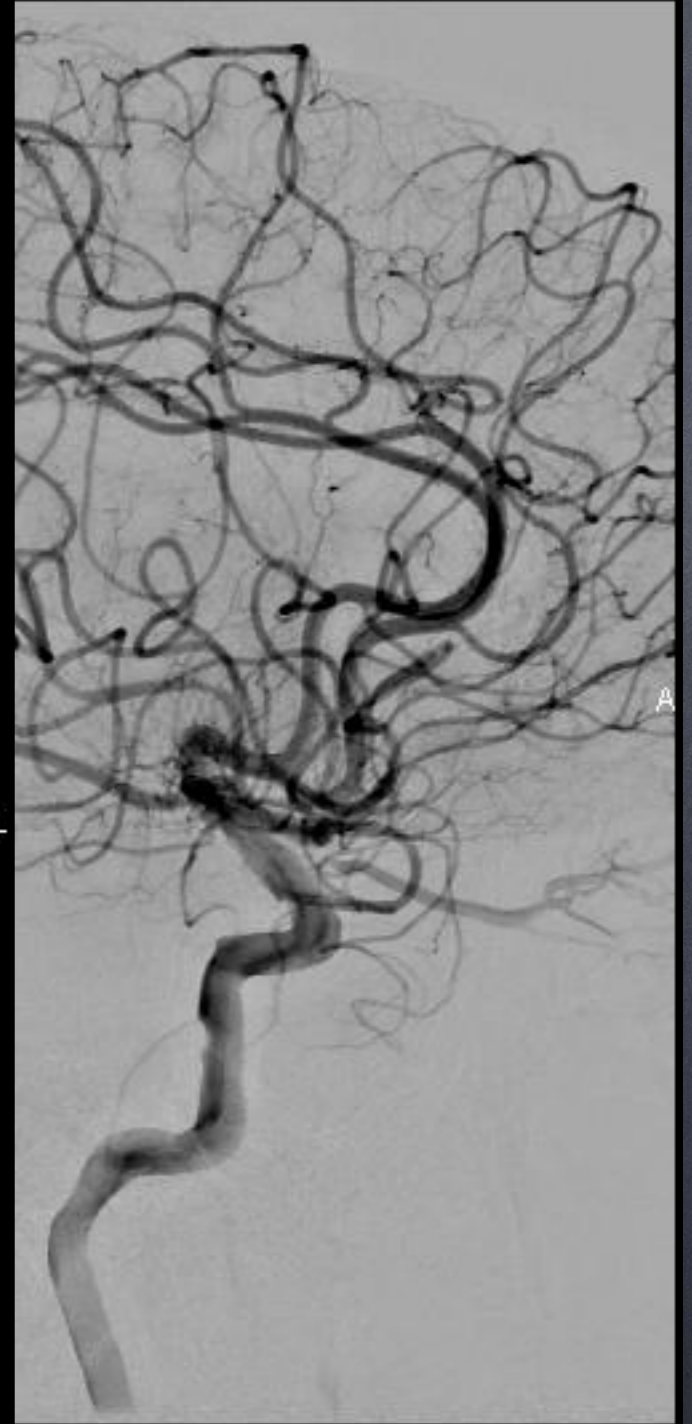
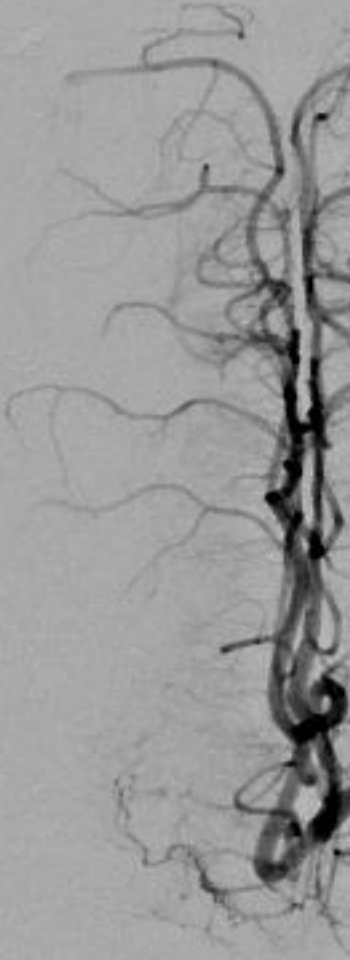
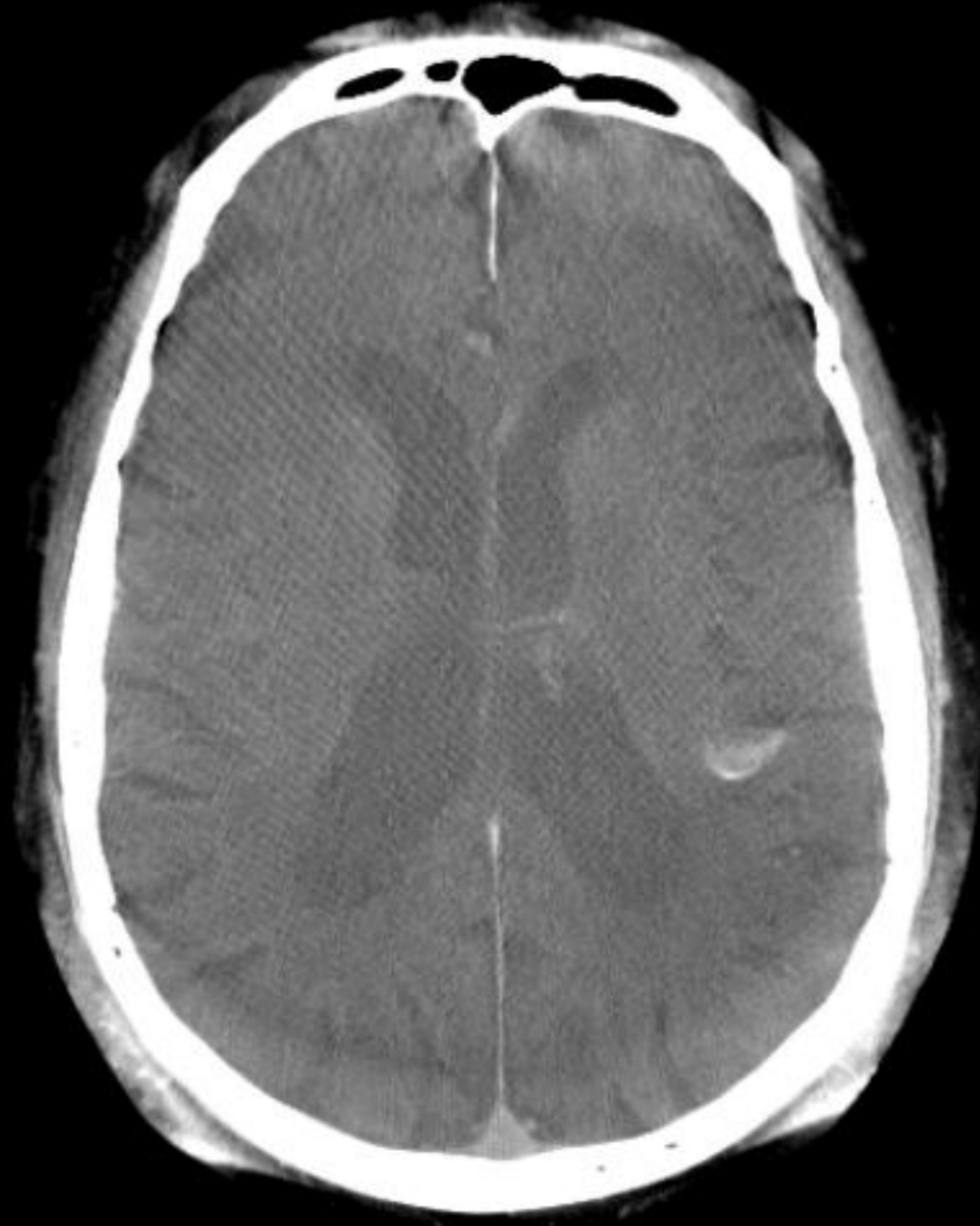




Sofia +
Velocity
Eric 3x20



A

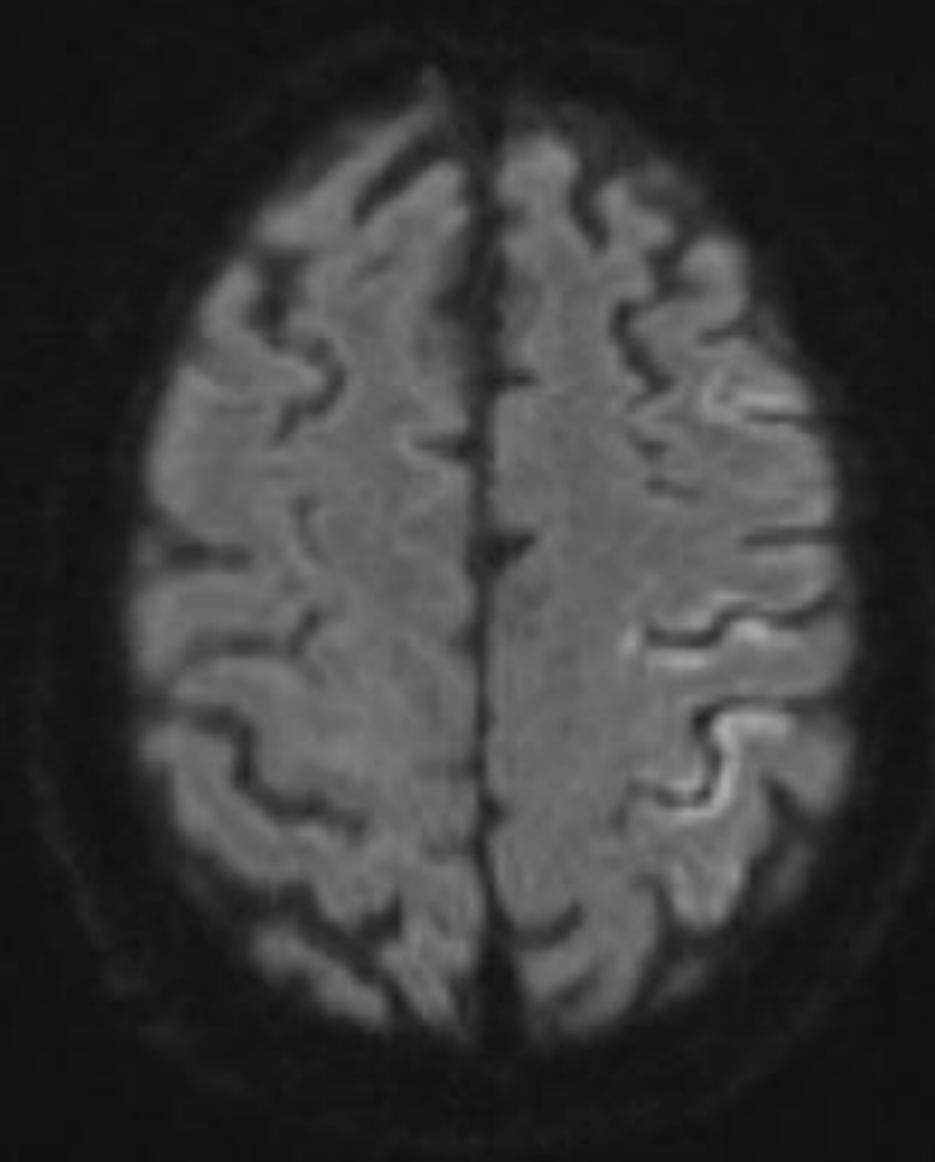


F

NIHSS 24H

8

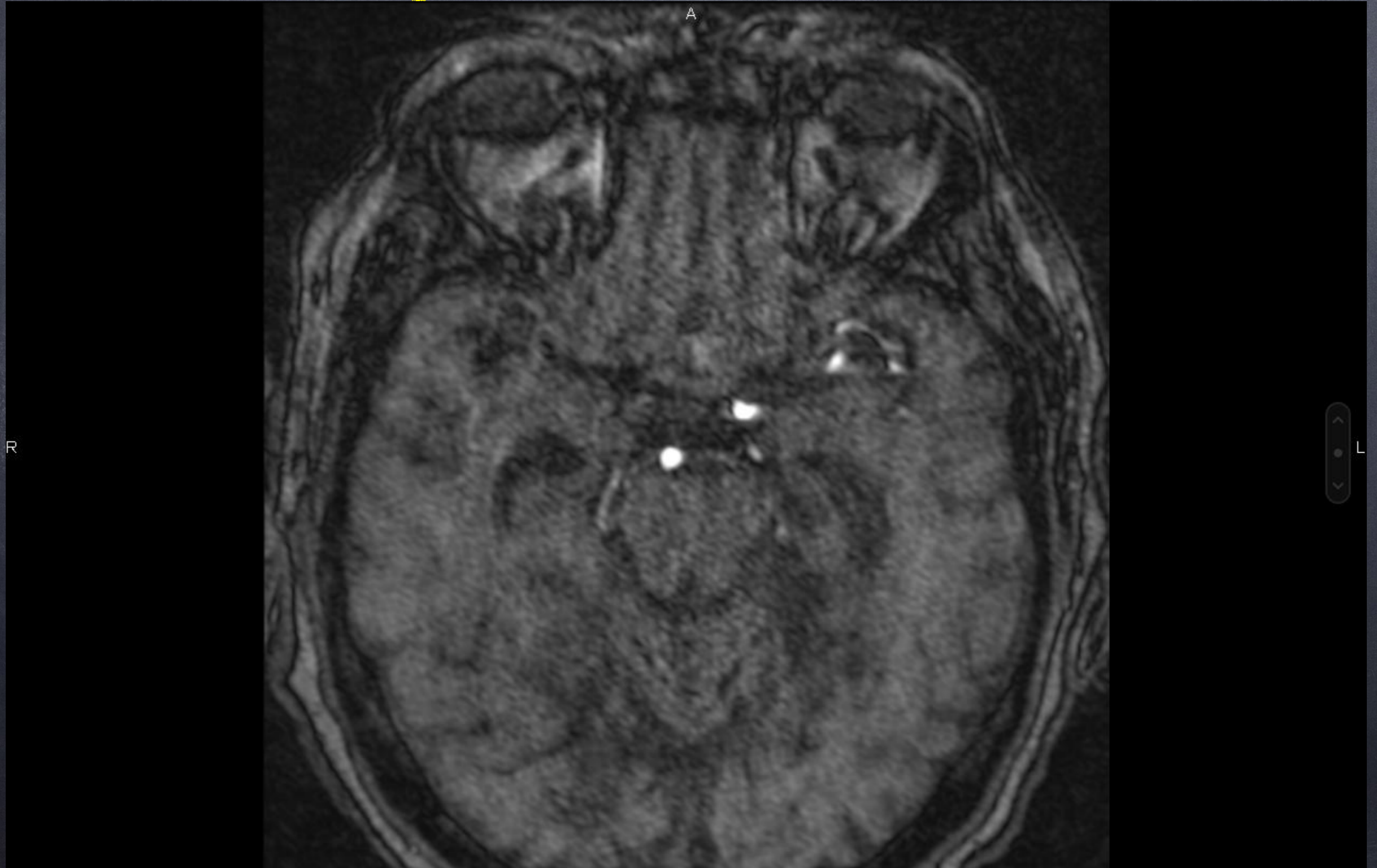
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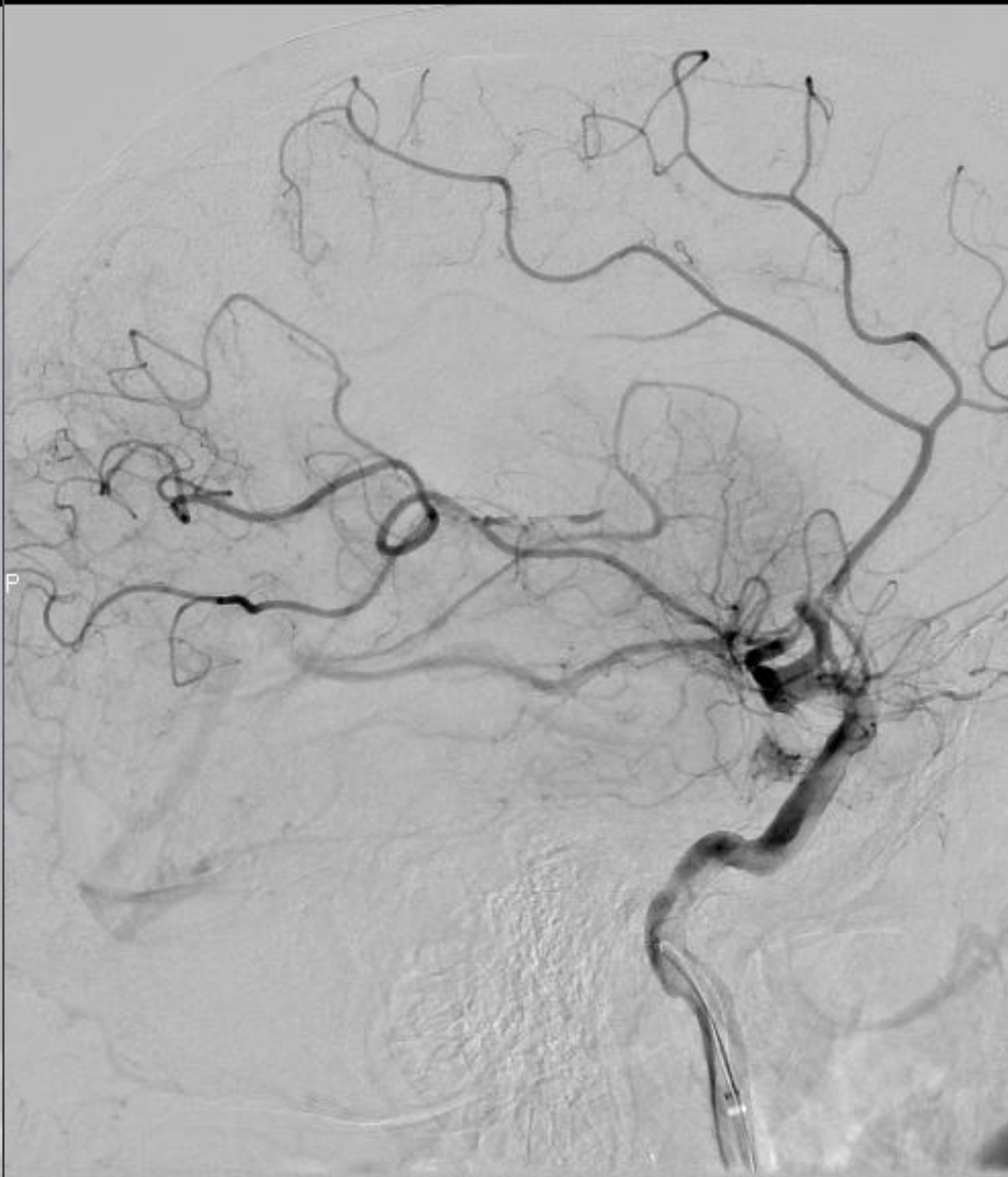
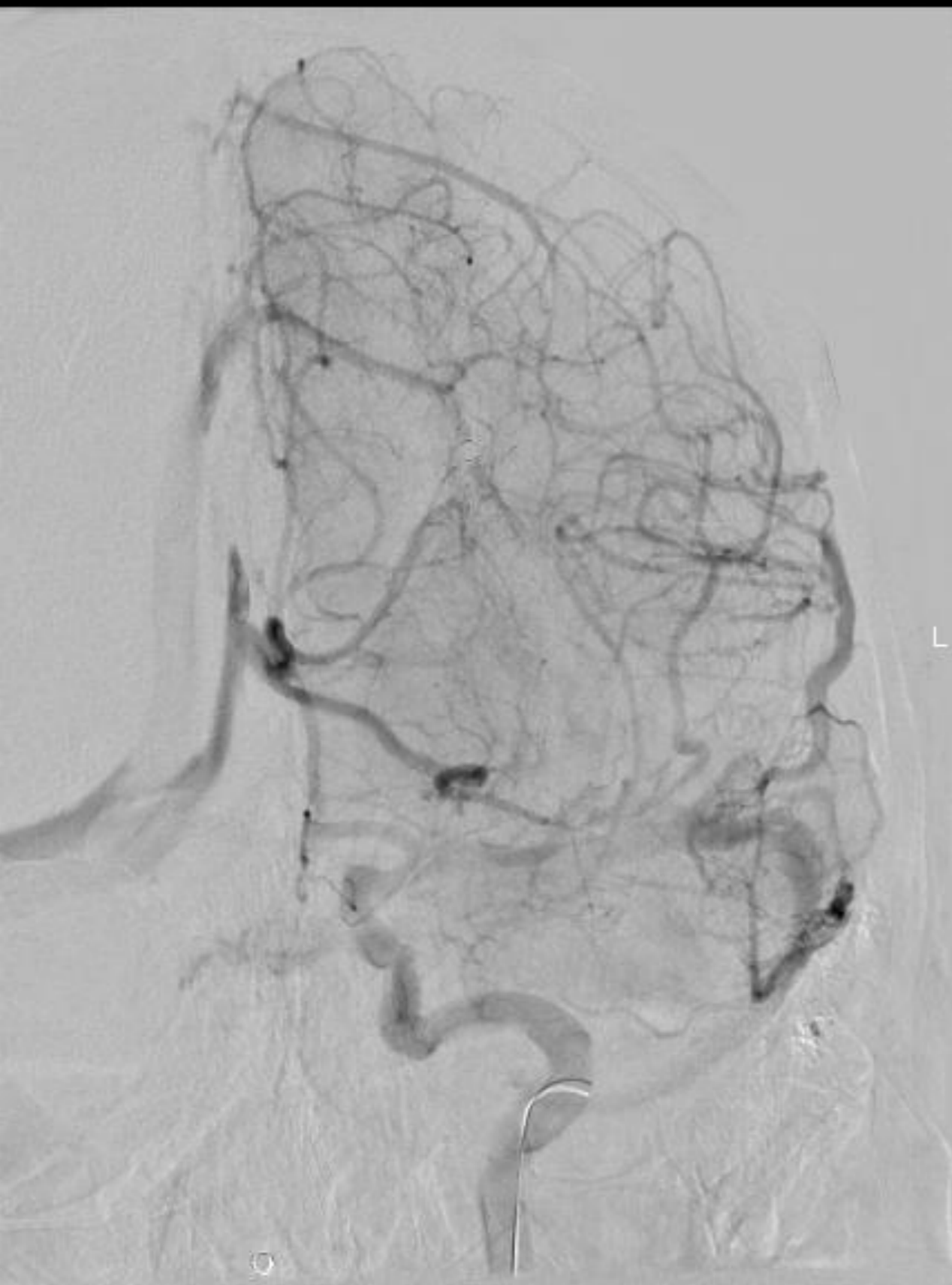


L

Fragmentation

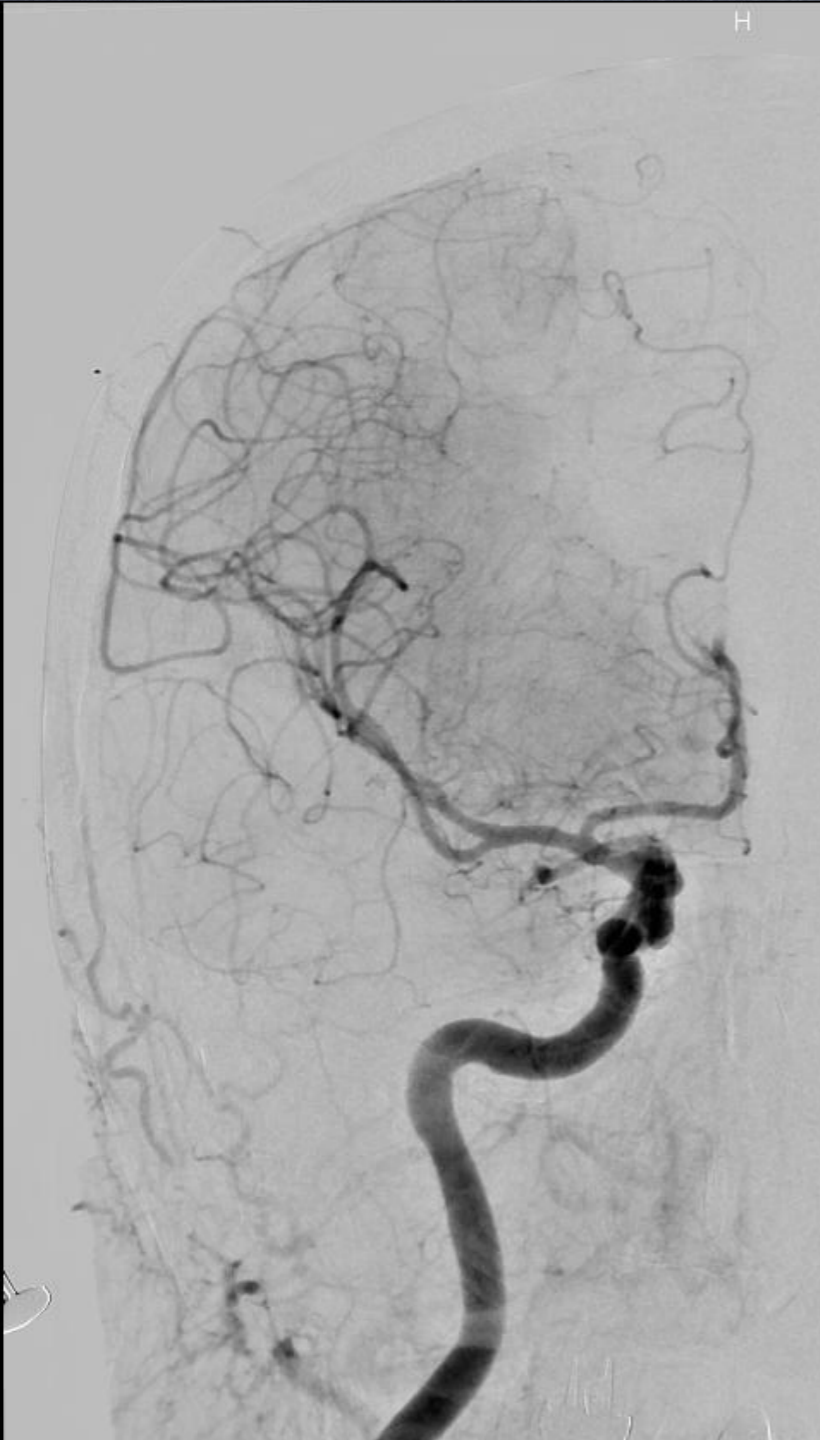
- Thrombolysse IV





Fragmentation

• Cathéterisme



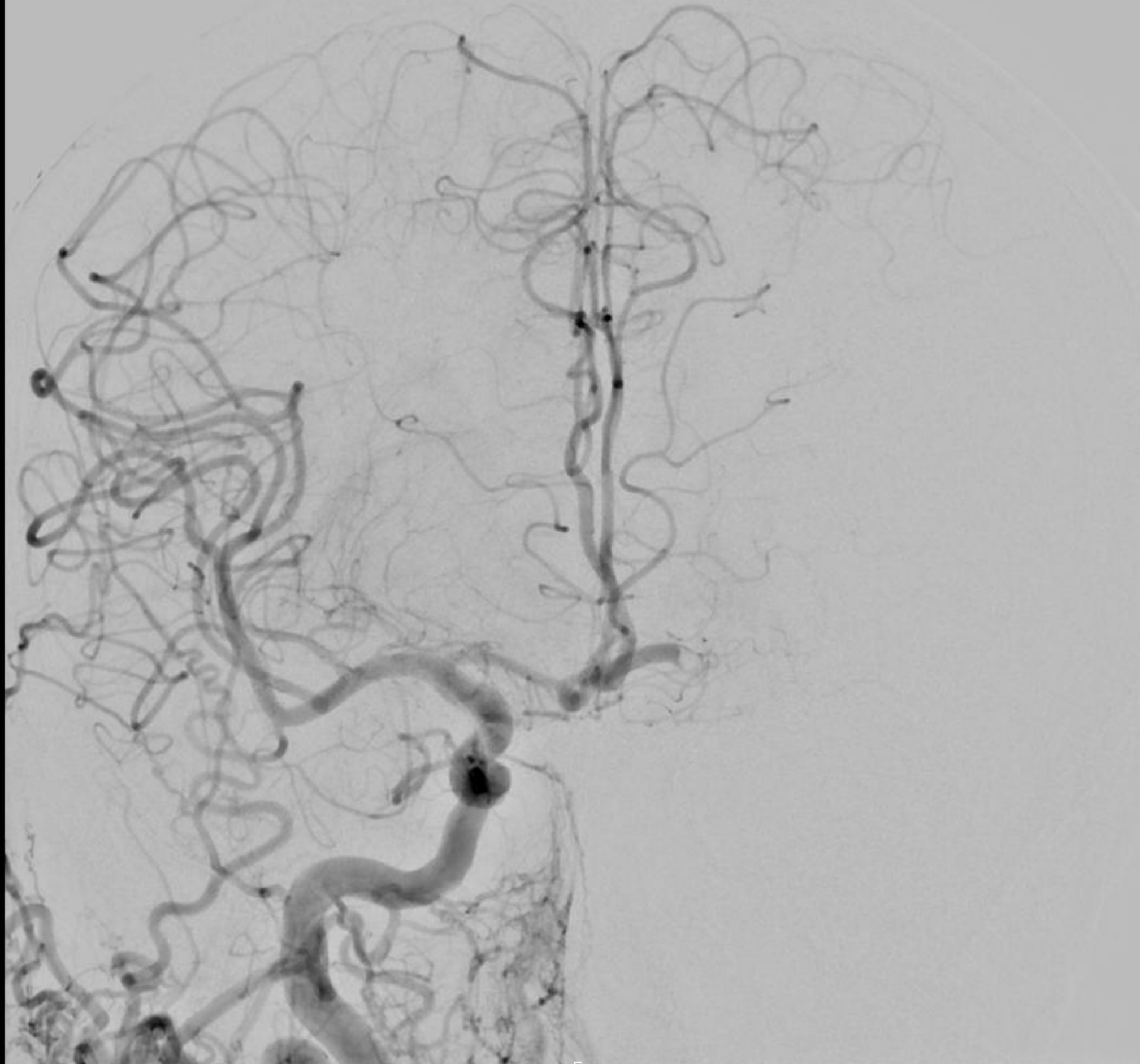
Fragmentation

- Retrait du caillot



Cas 2

- F, 83 ans
- NIHSS 15
- IRM à Brive, score Aspect 6,
suspicion occlusion T carotidien G



H



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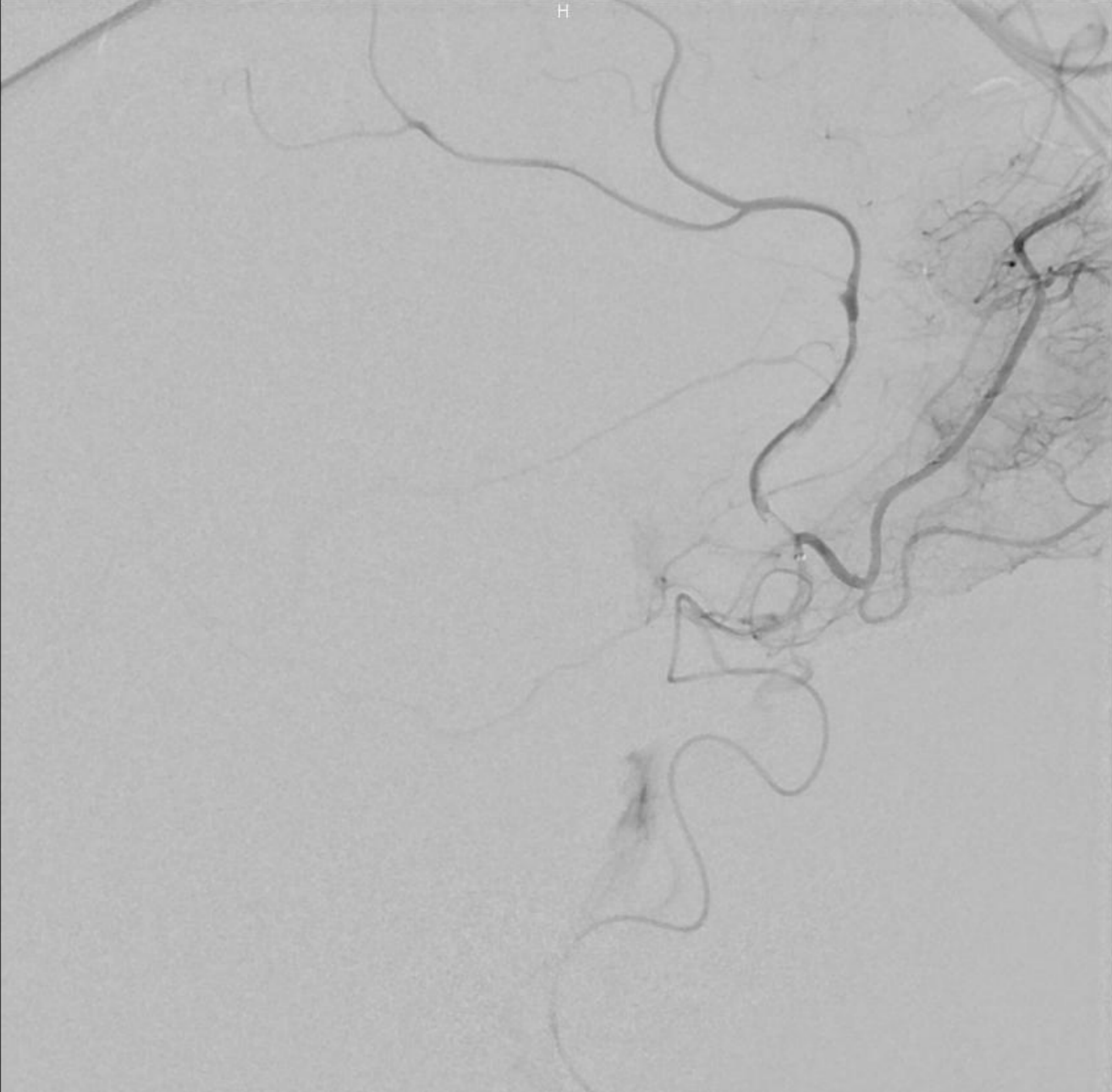


H

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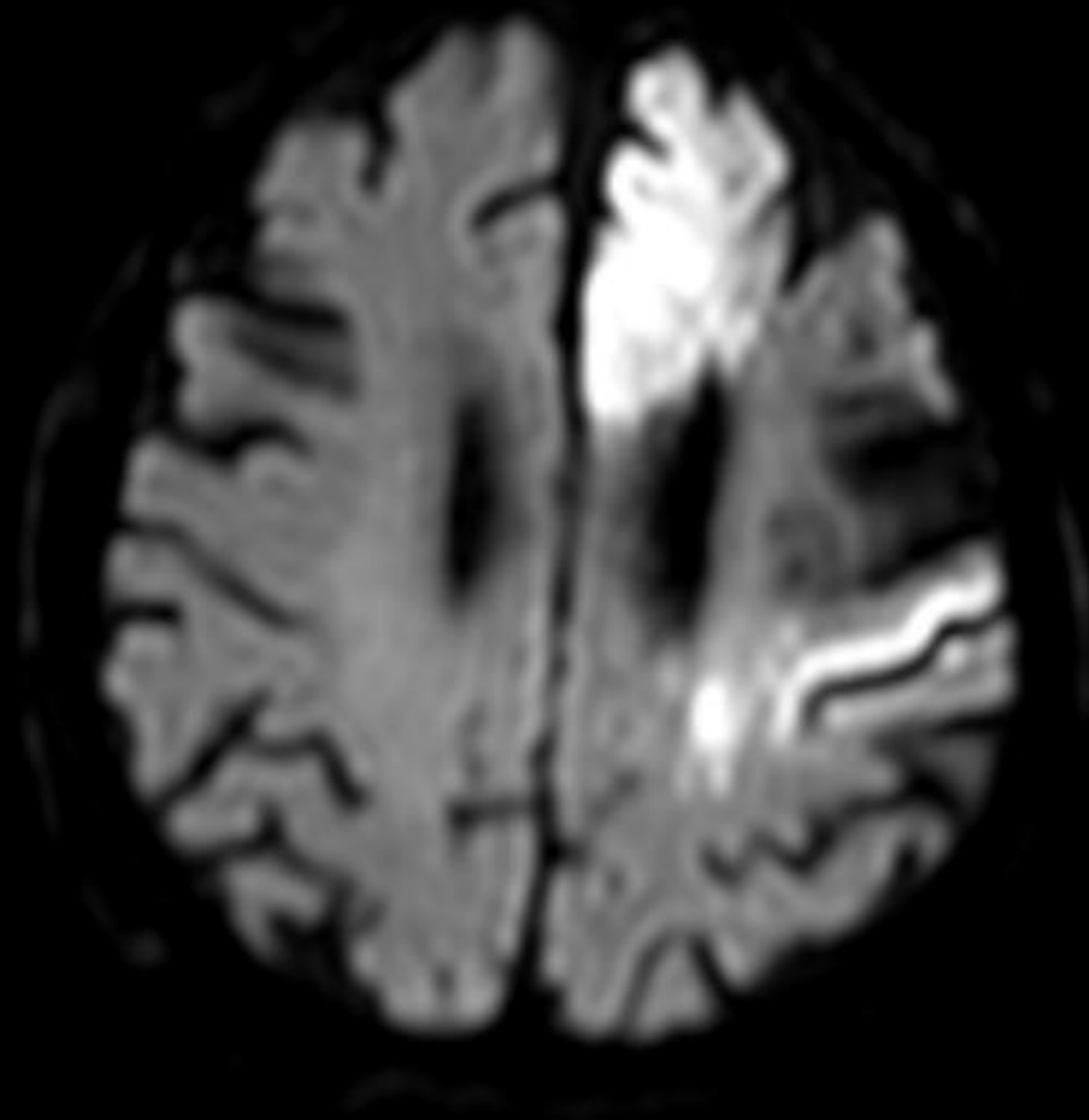


AL

A

NIHSS 24H

17

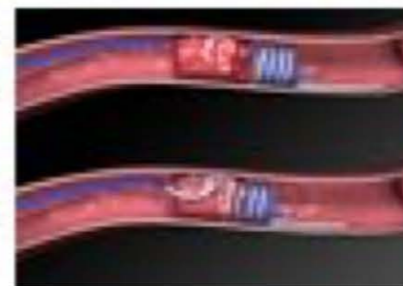
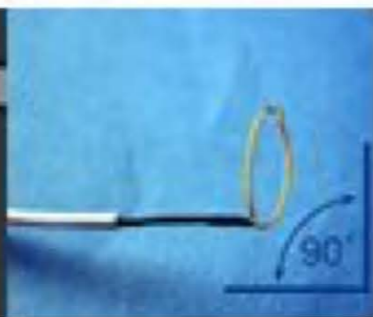
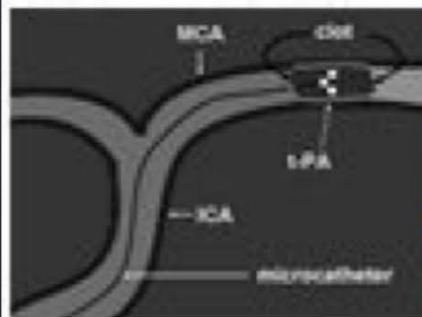
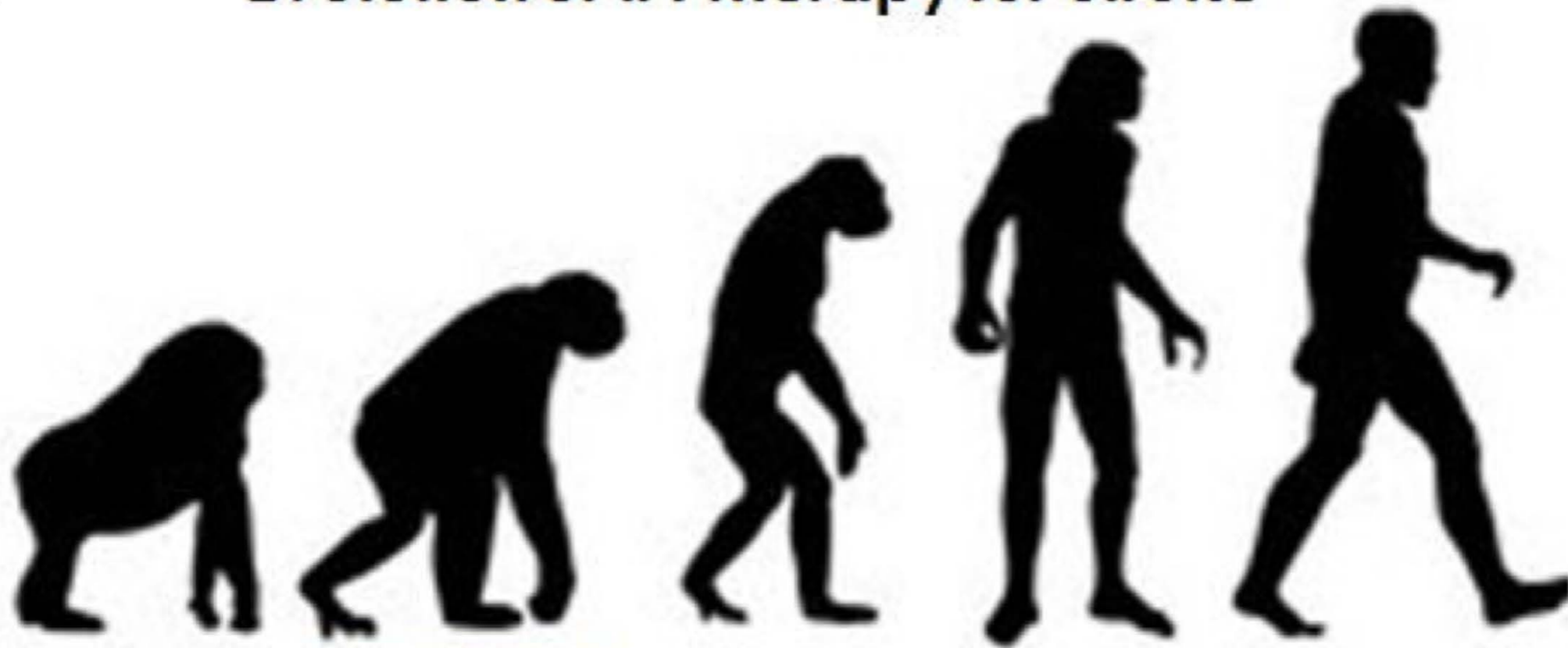


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DISPOSITIFS

Evolution of IA Therapy for Stroke



CATHETER
THROMBOLYSIS

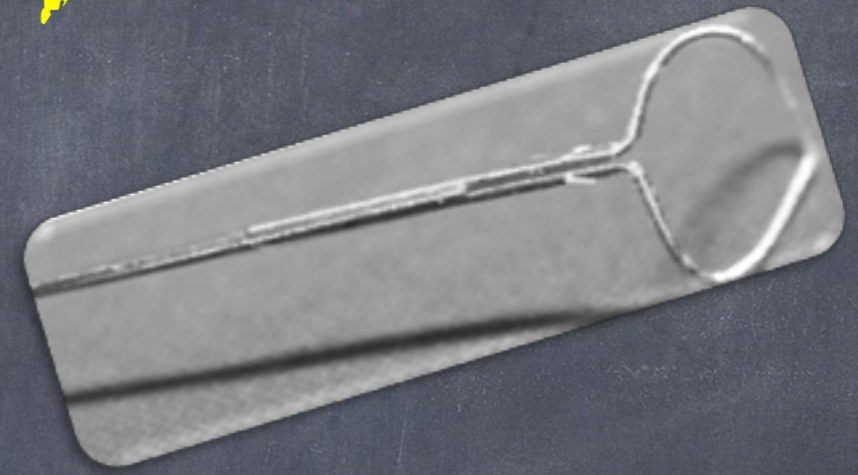
GOOSE-NECK
SNARE

INTRACRANIAL
STENTING

MERCI
DEVICE

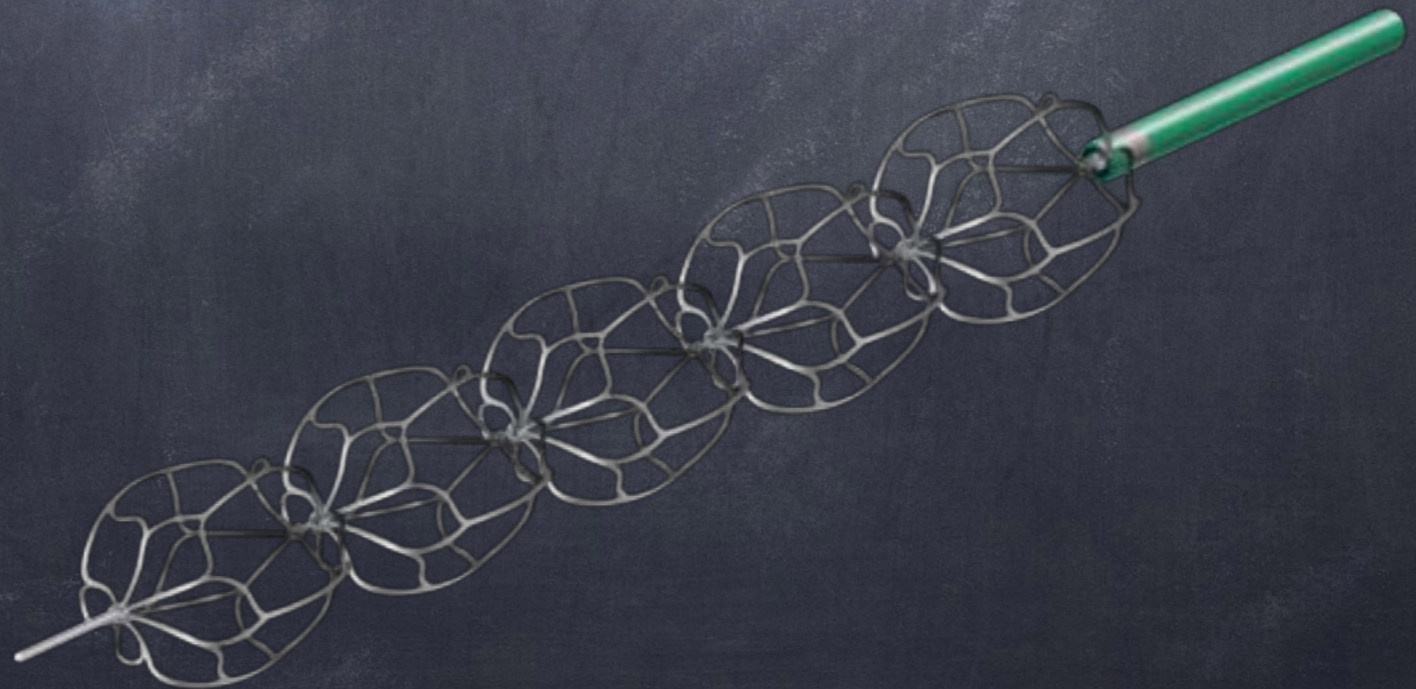
STENTRIEVERS
AND
ASPIRATION

Dispositifs



• Aucune étude à ce jour ne prouve

la supériorité d'un dispositif sur un autre



ACA

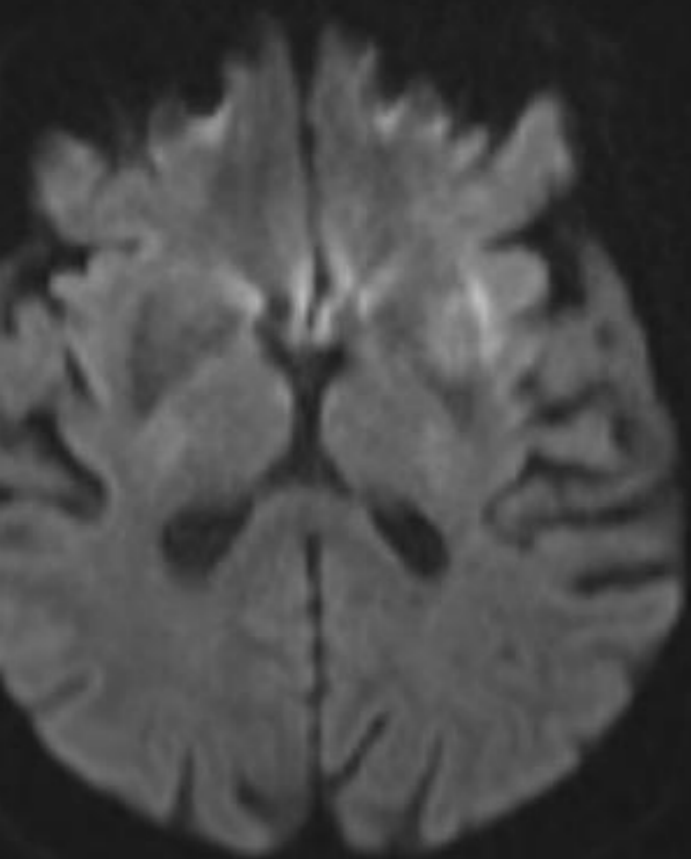
- Rarement isolée, souvent conséquence de fragmentation ou migration de thrombus
- Artère de plus petit calibre
- Navigation souvent plus difficile

Cas 3

- F, 81 ans

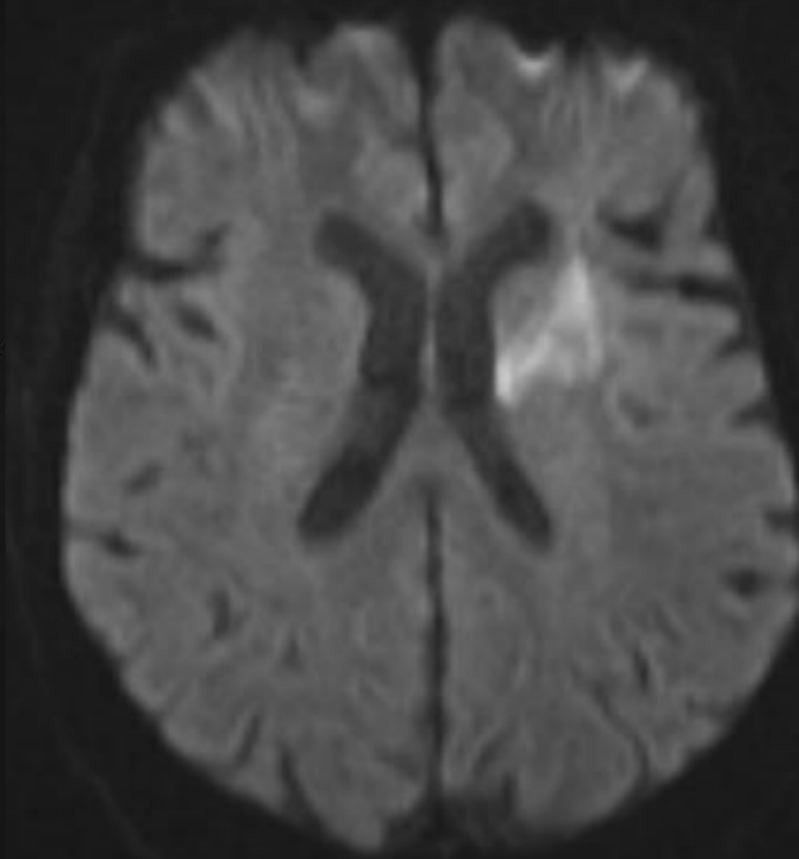
- NIHSS 12

A



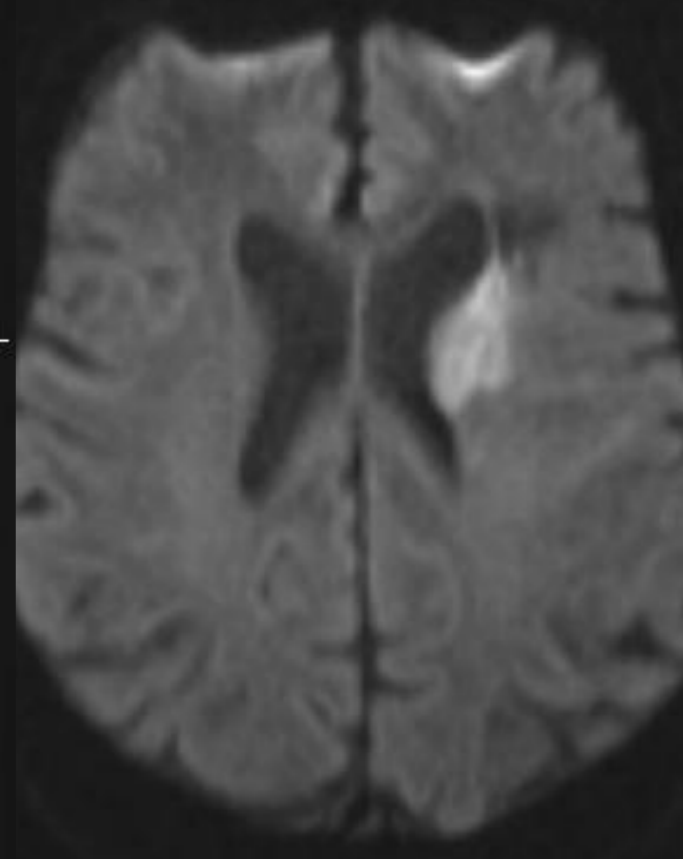
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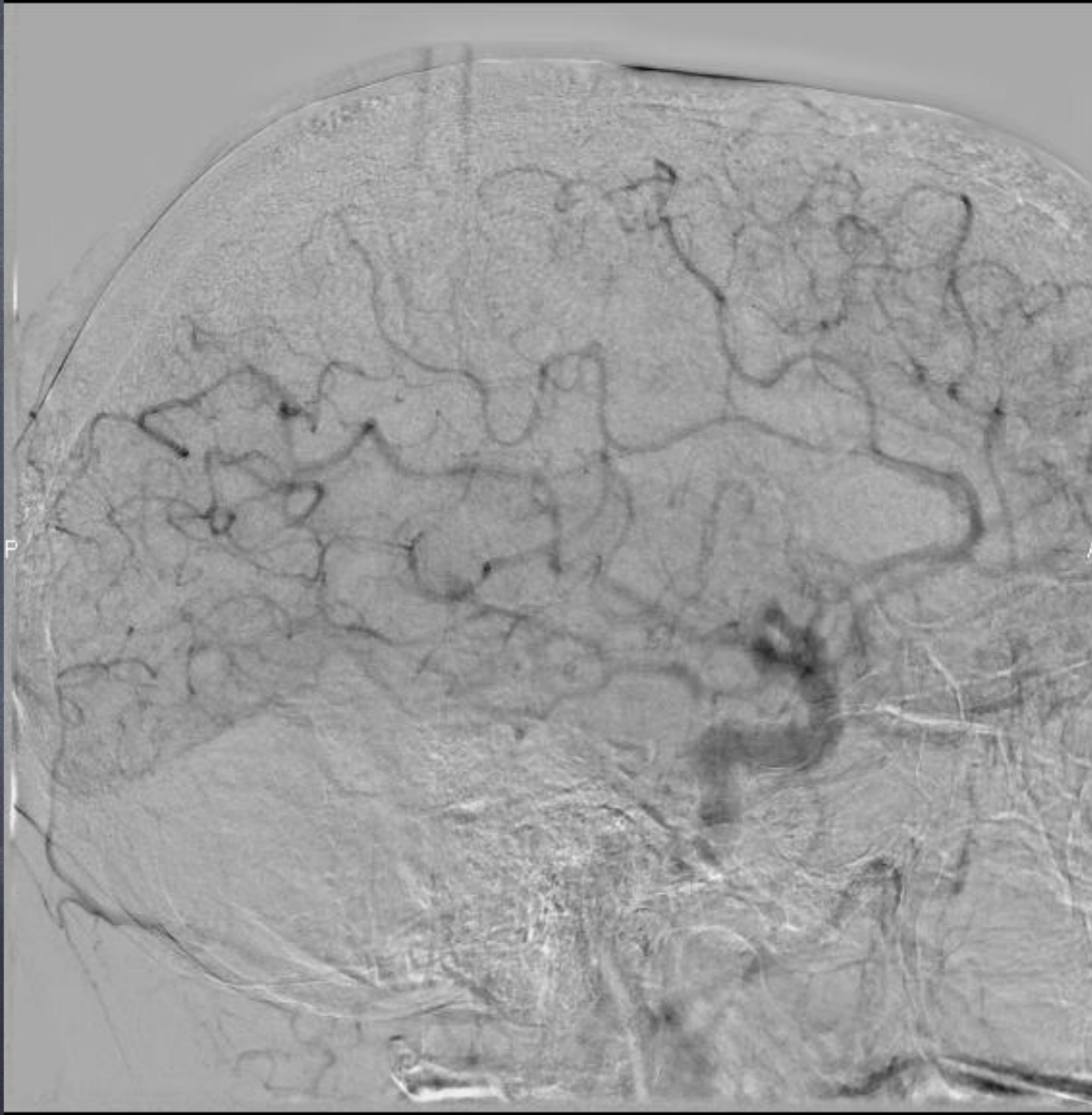
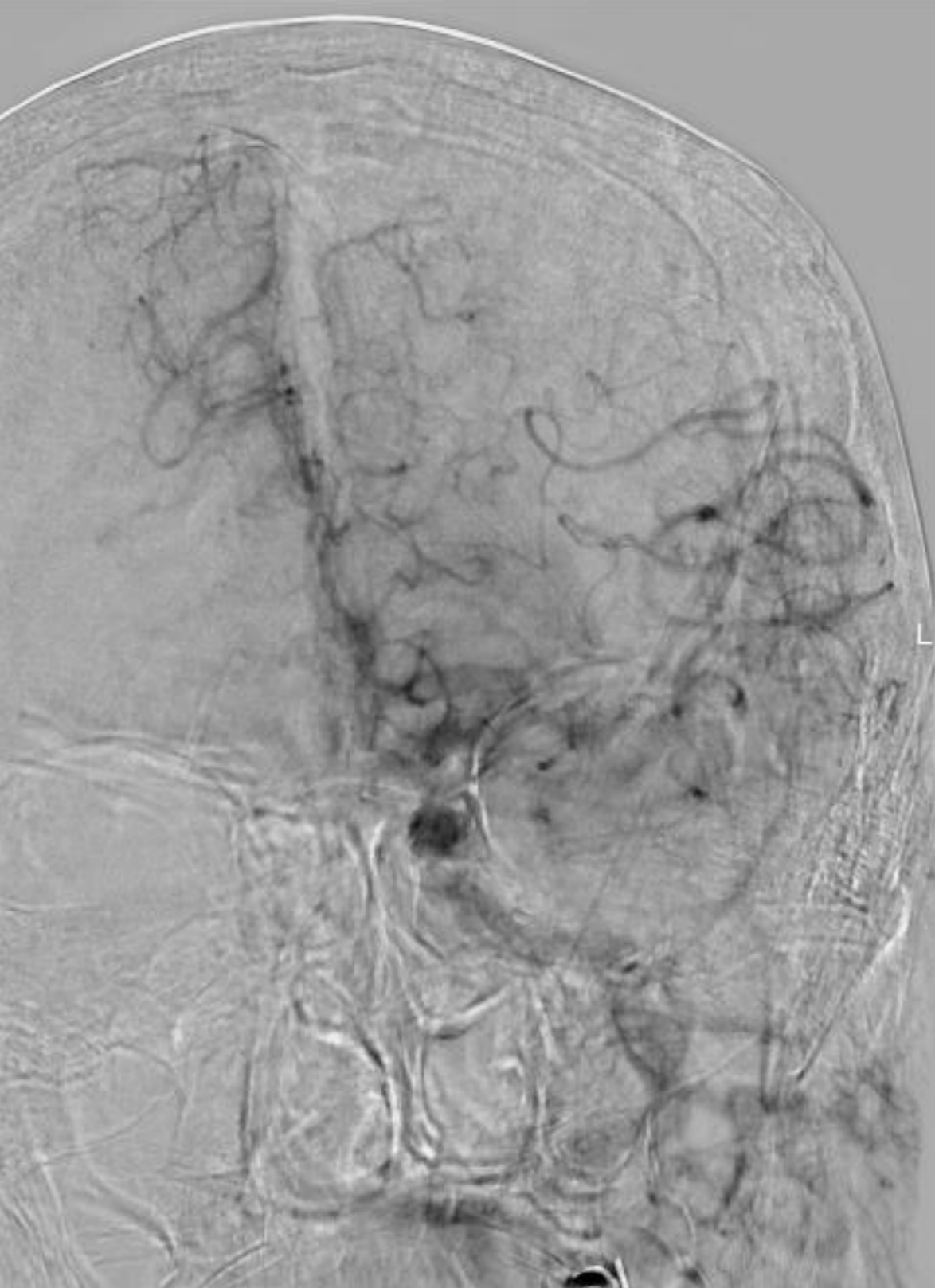


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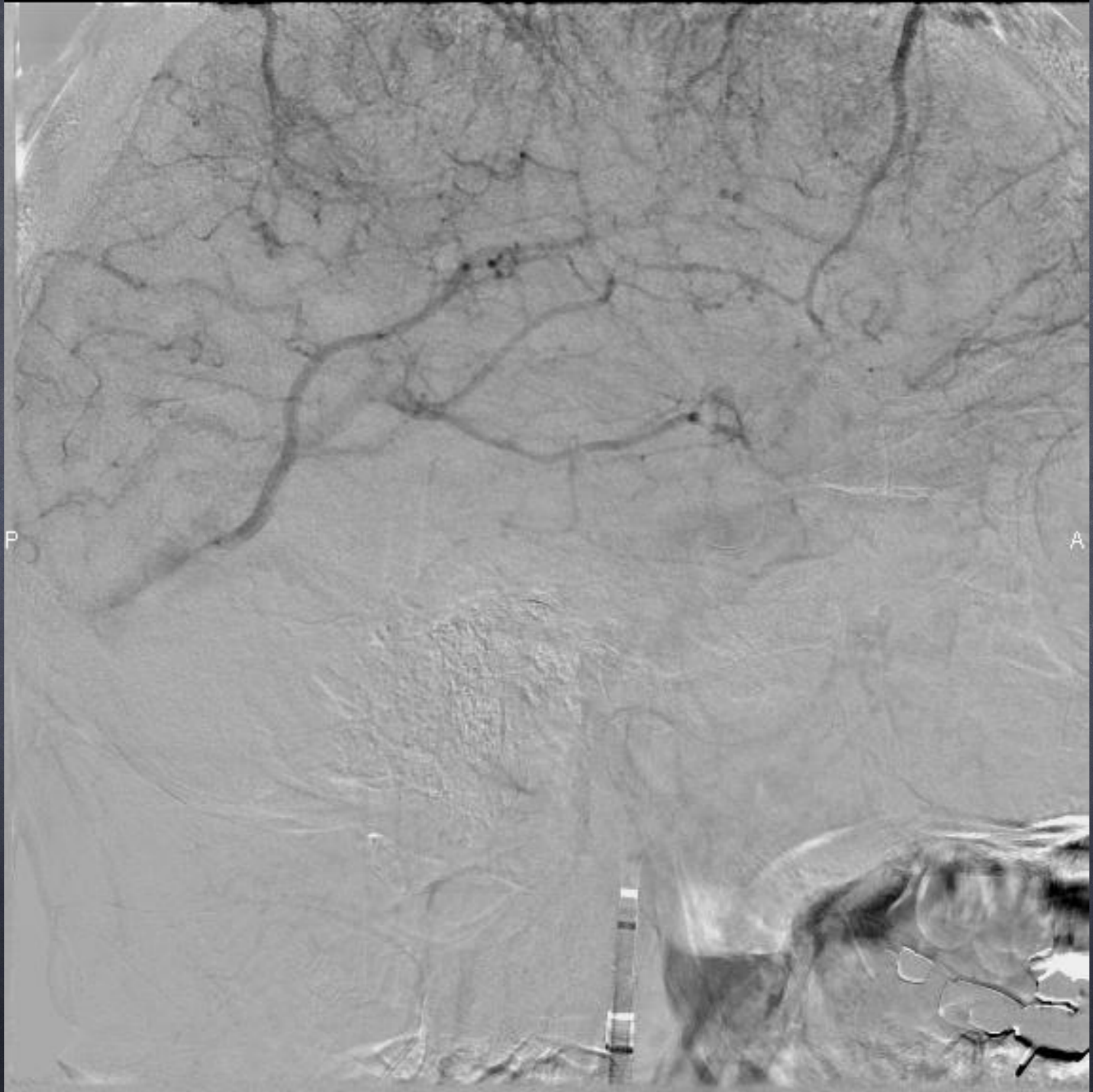


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Merci 9F
Sofia+
Trevo 4

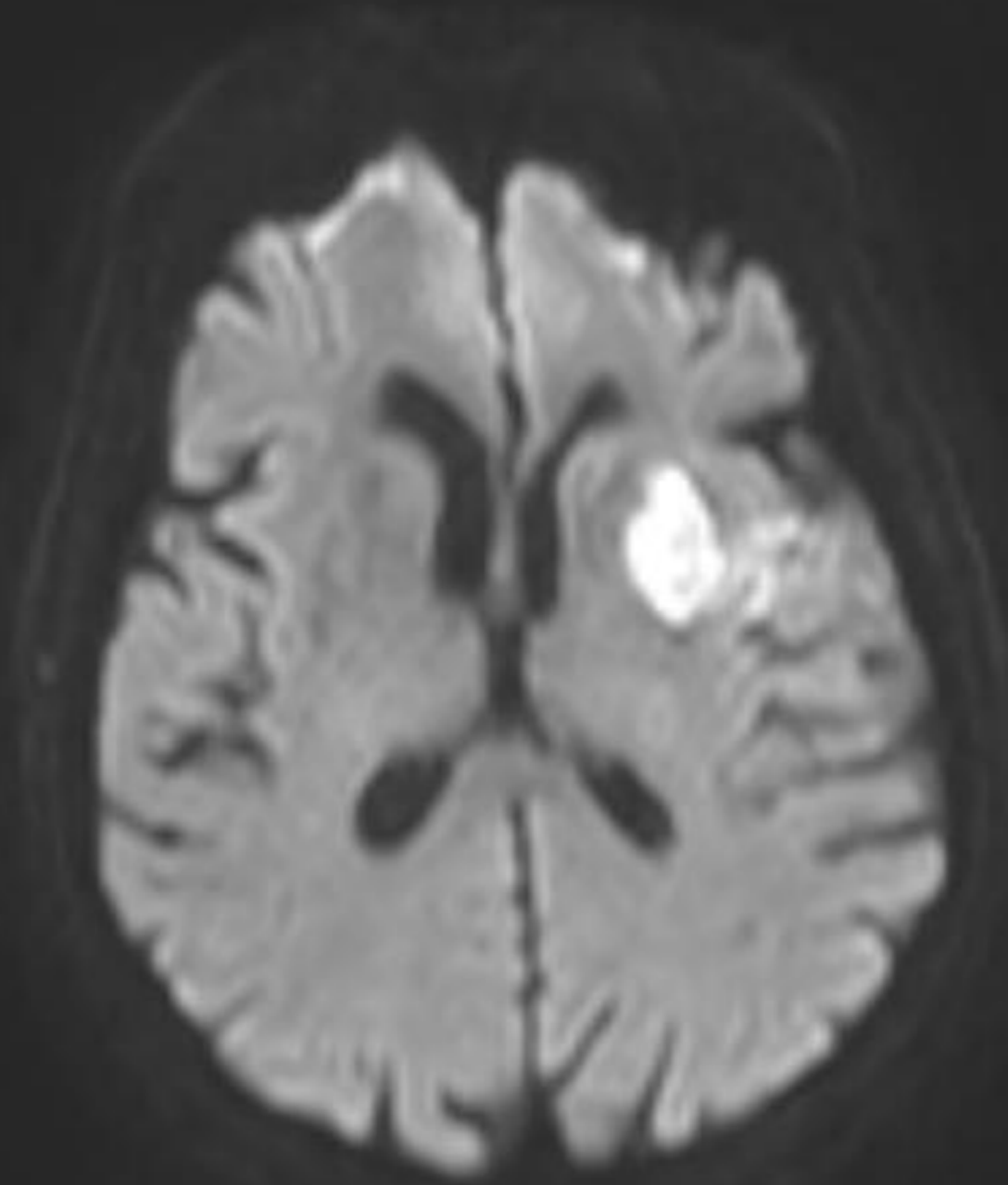




NIHSS 2

9

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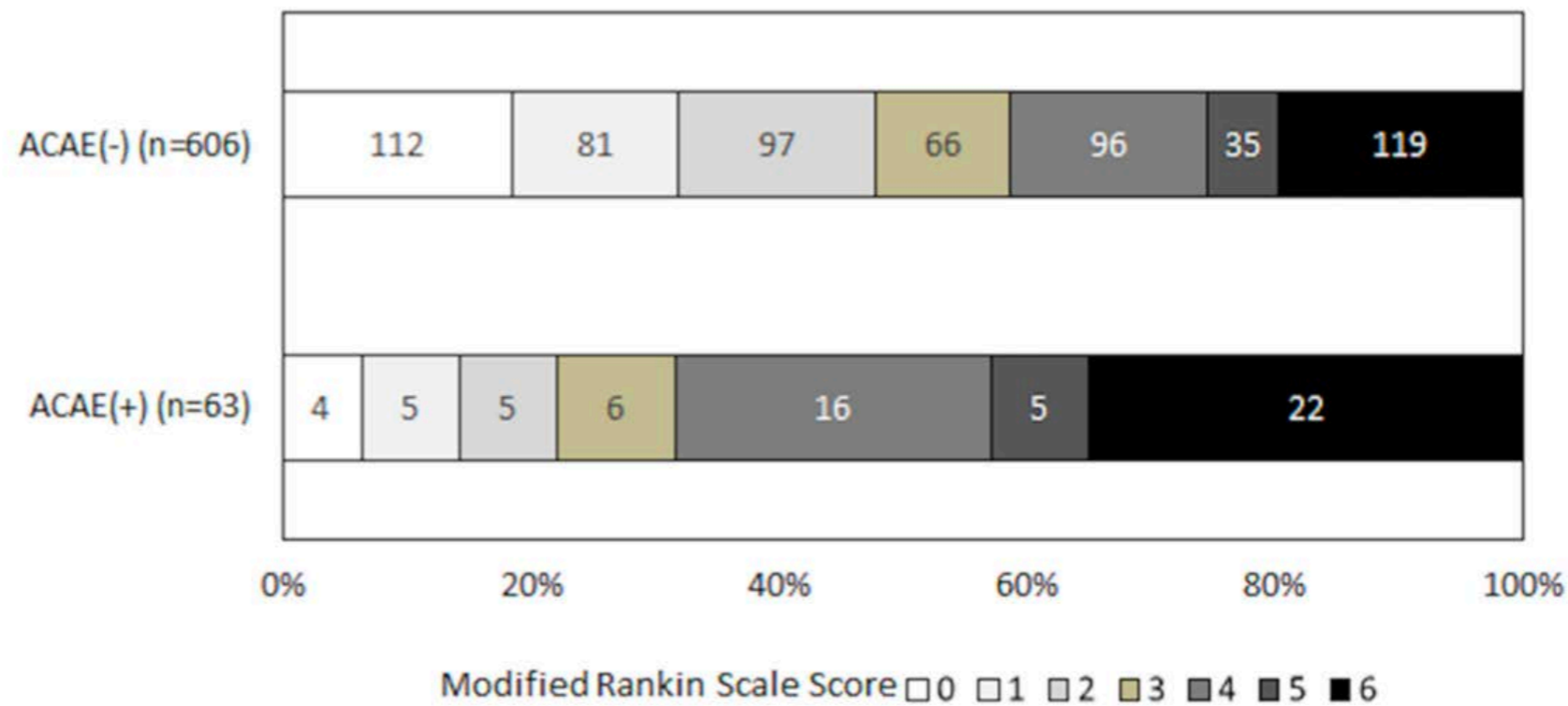
ORIGINAL RESEARCH

Anterior cerebral artery embolism during thrombectomy increases disability and mortality

Vanessa Chalumeau,¹ Raphaël Blanc,¹ Hocine Redjem,¹ Gabriele Ciccio,¹ Stanislas Smajda,¹ Jean-Philippe Desilles,¹ Daniele Botta,¹ Simon Escalard,¹ William Boisseau,¹ Benjamin Maïer,¹ Julien Labreuche,² Mickaël Obadia,³ Michel Piotin,¹ Mikael Mazighi^{1,4,5,6}

- 700 patients AVC circ. antérieur
- Incidence globale de 9,4%
- Tandem (19%), T carot (15%), M1 (5%)
- Aspiration seule (6%), stent seul (14%)
- Pas de difference si catheter à ballon

90-mRs



- Réduction de moitié des résultats favorables
- Double de complications hémorragiques et taux de mortalité
- Même si recanalisation, moins bons résultats cliniques à 90 jours

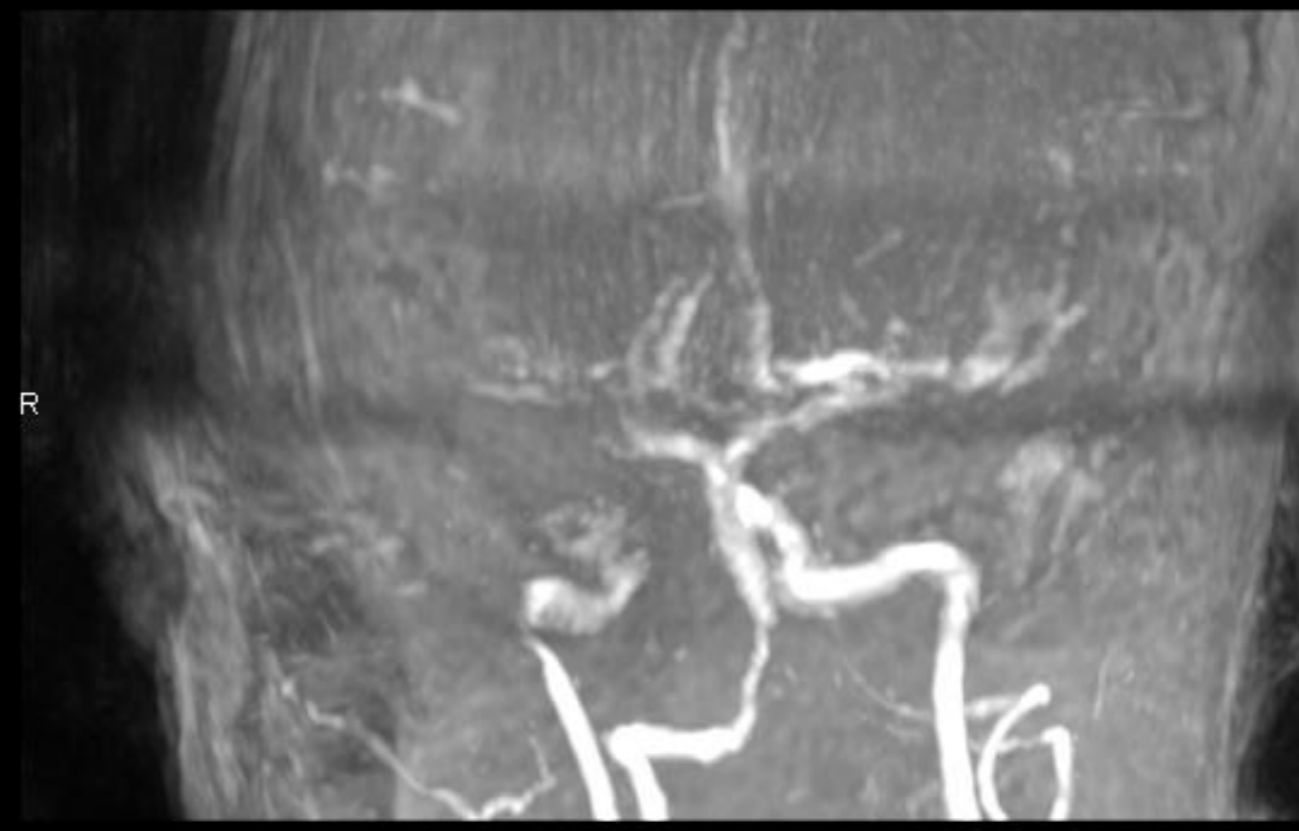
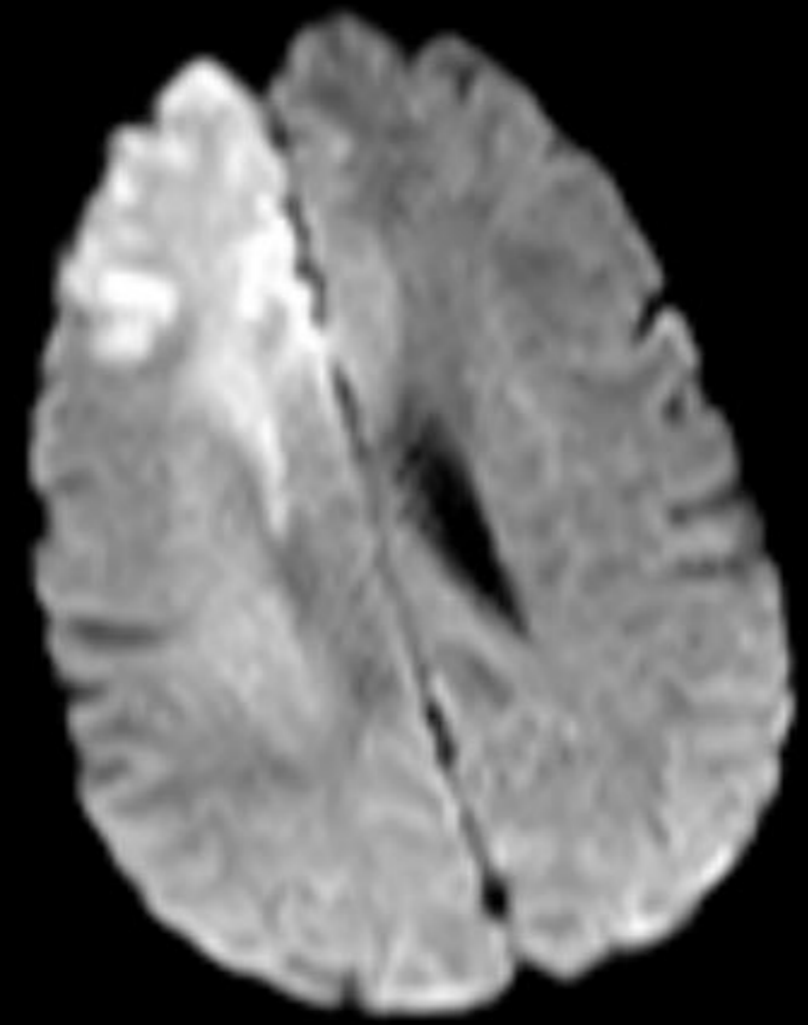
Cas 4

- F, 41 ans
- Déficit brutal de l'hémicorps gauche à 21h
- NIHSS 18

IRM
22:50

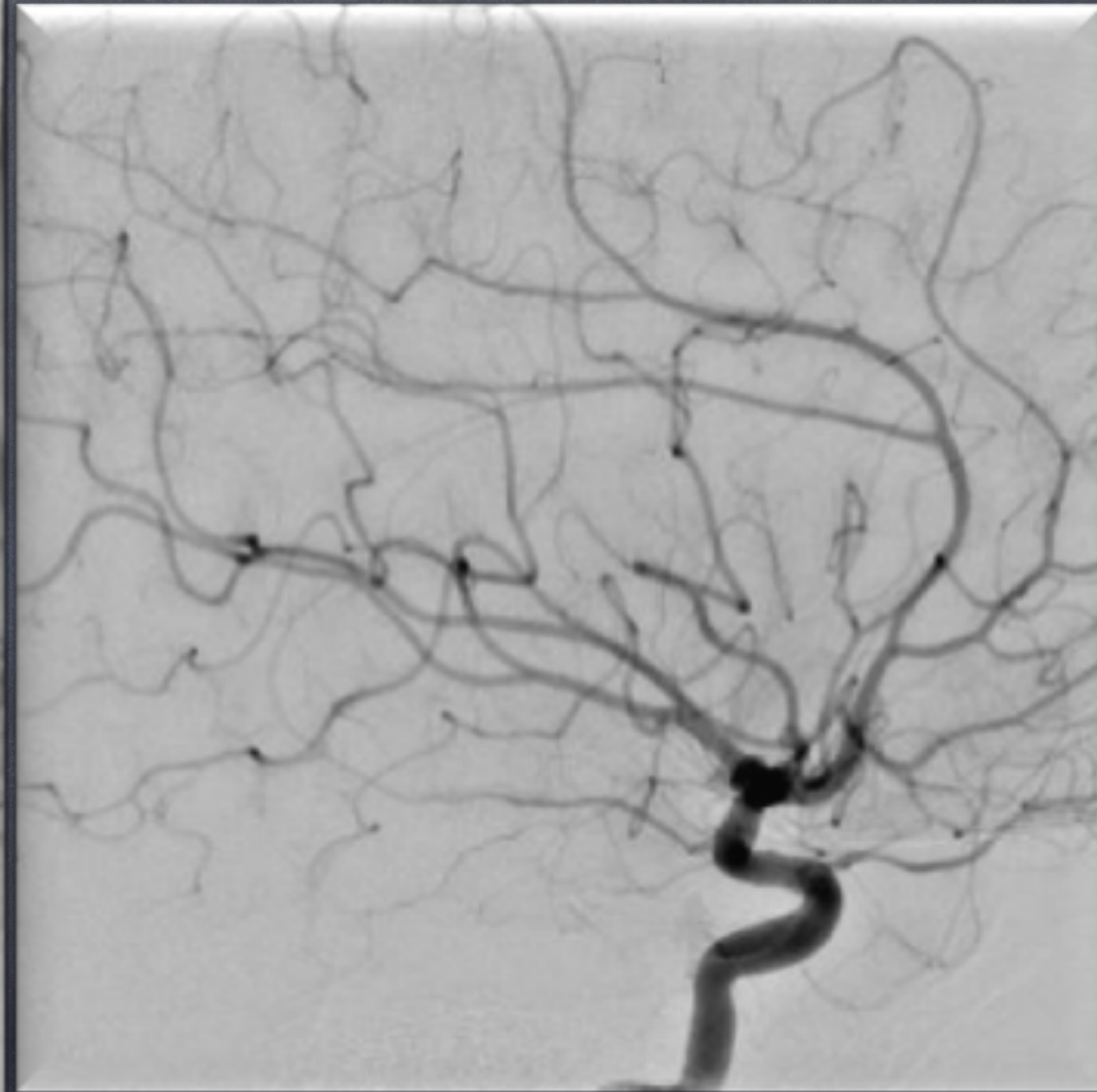
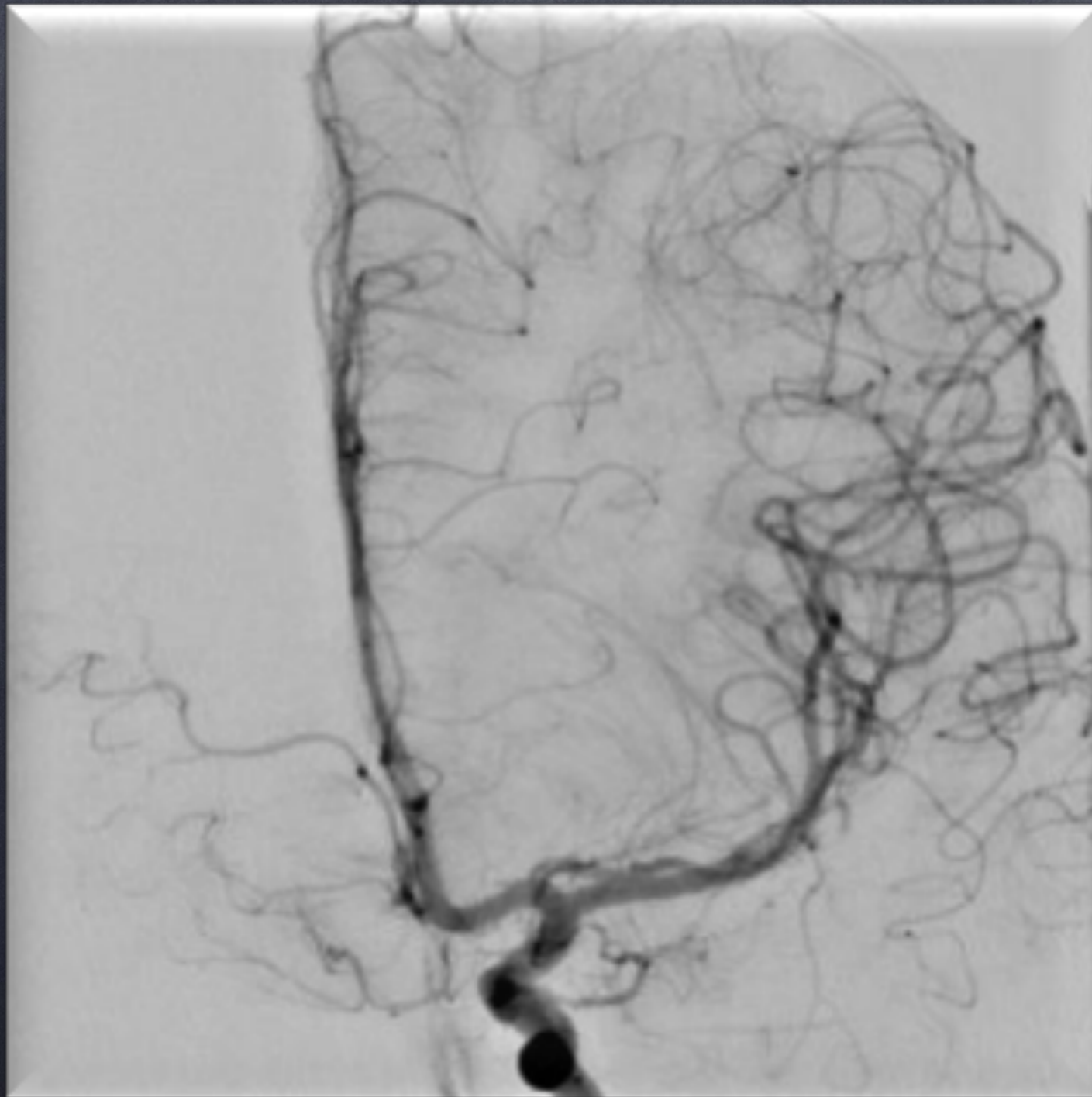
A

H

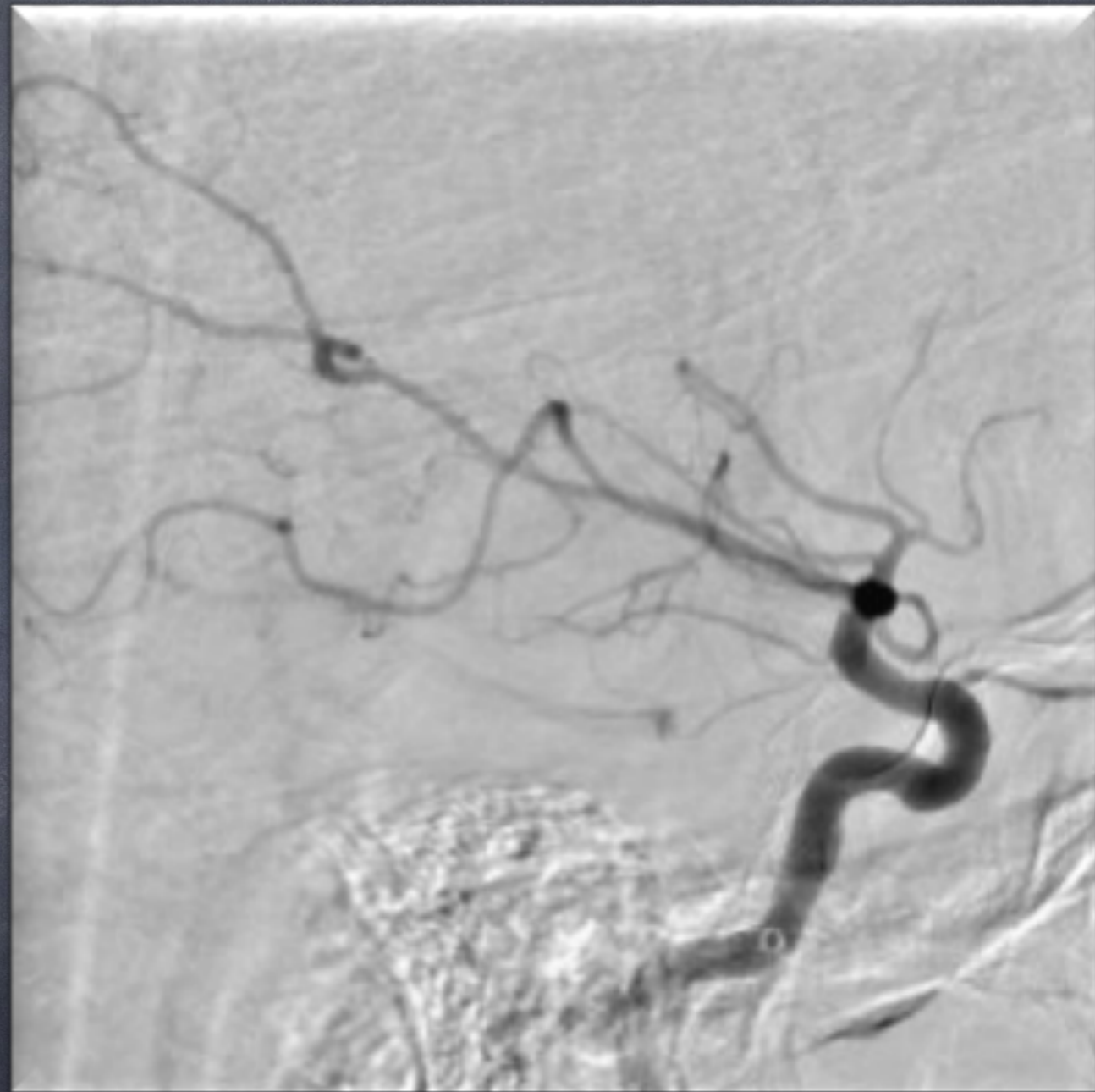
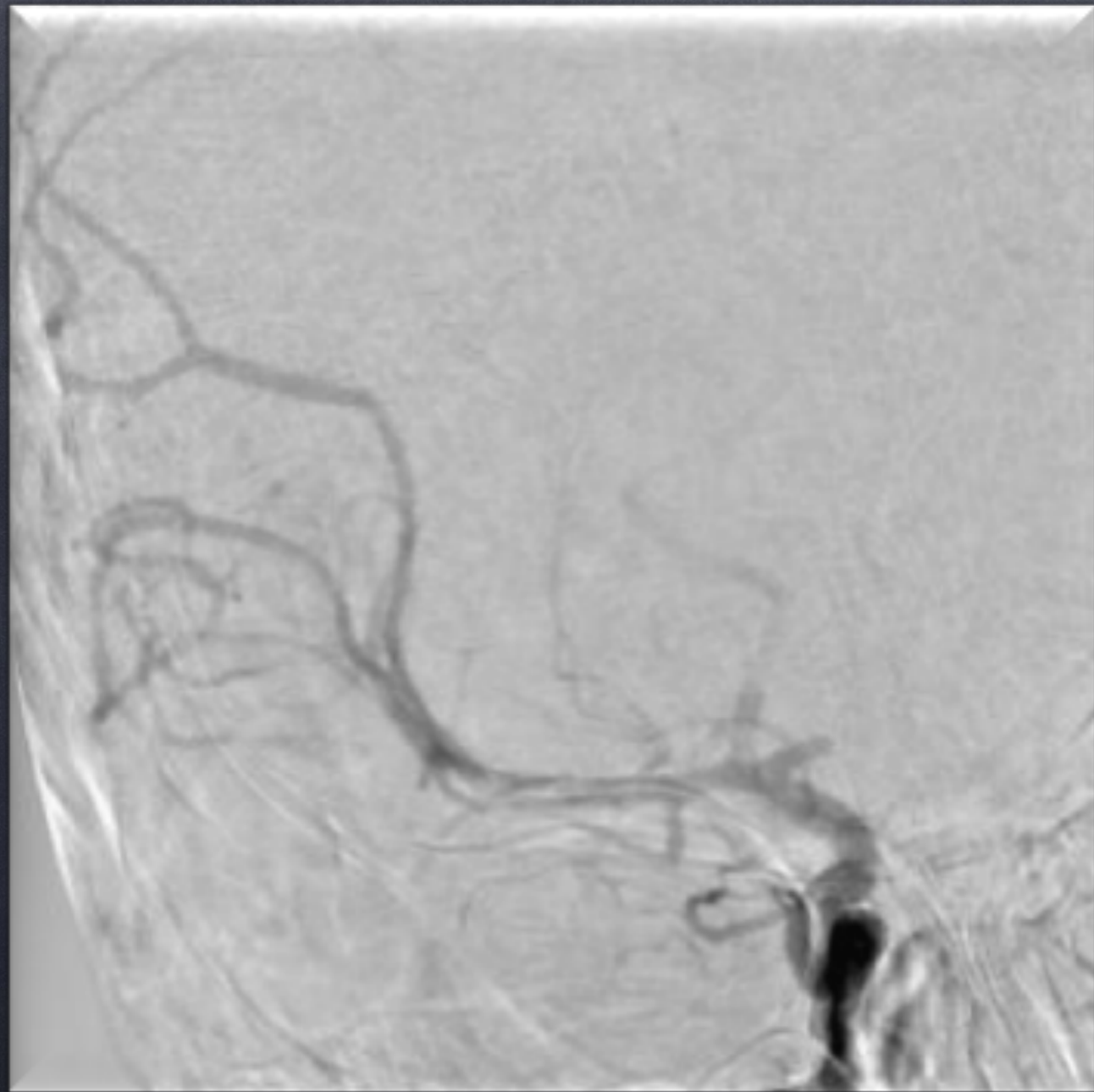


Ponction fémorale

23:26

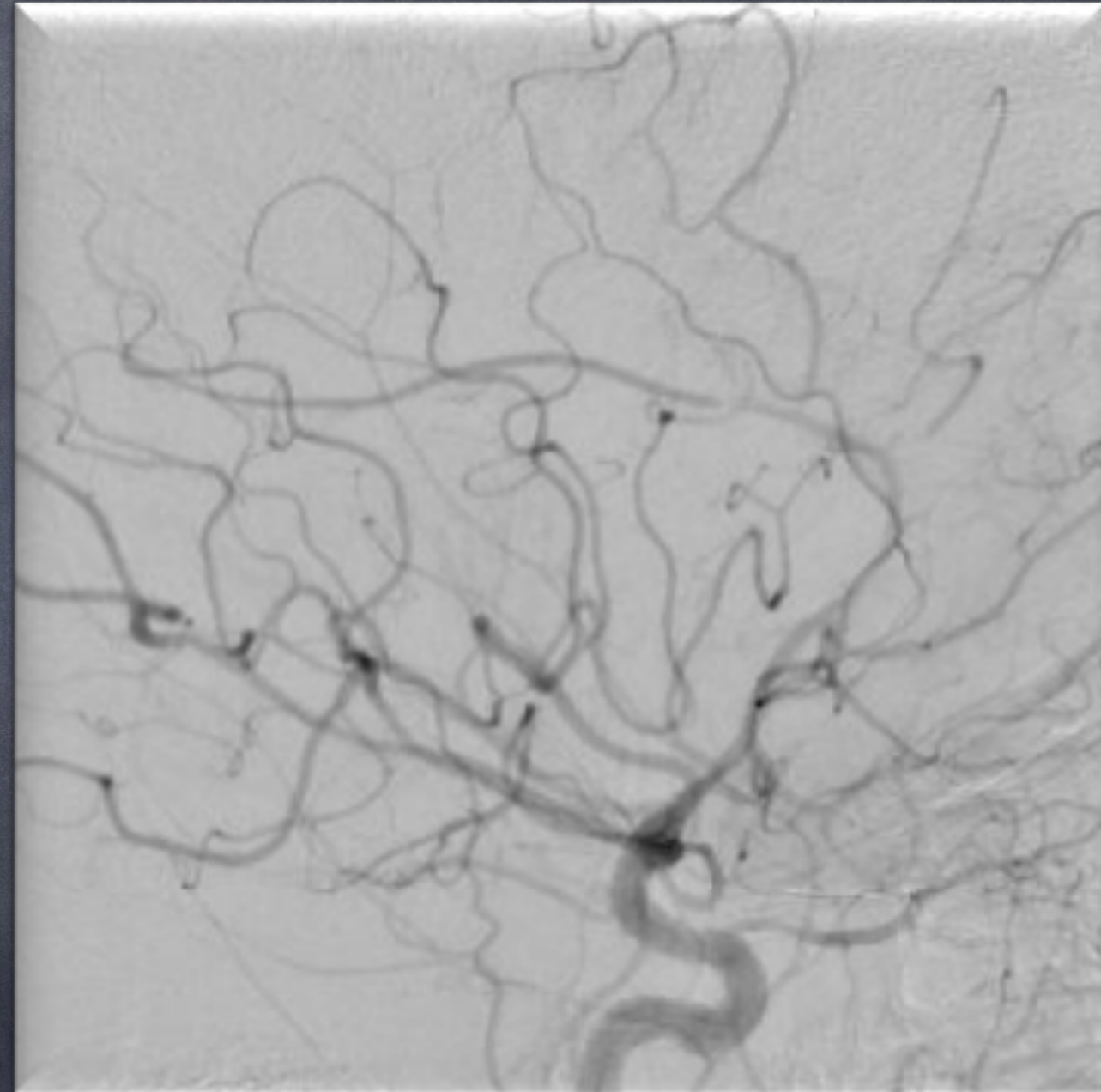
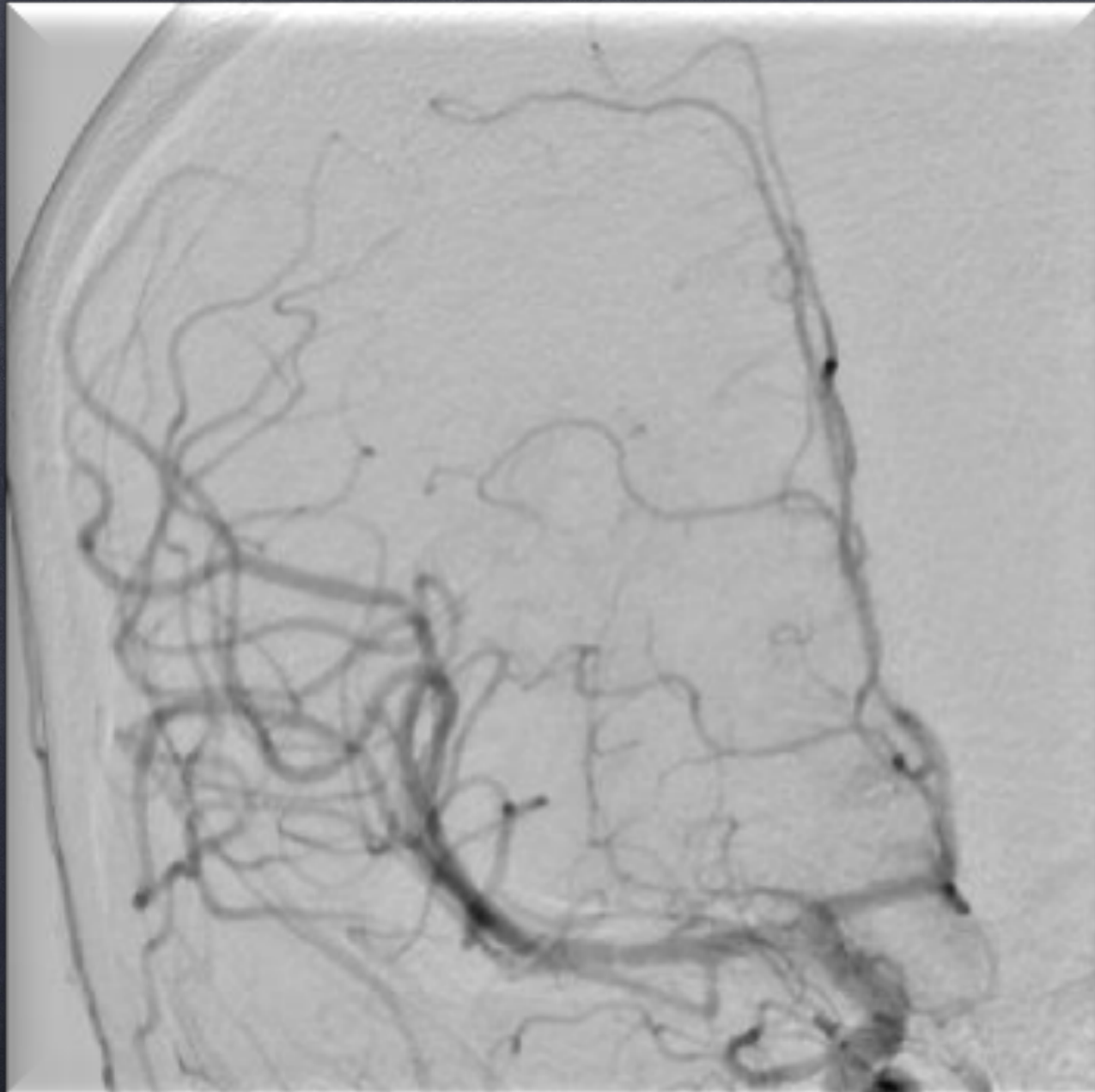


Thrombolyse IV



Recanalisation

23:52



2 passages: Sofia + solitaire 4x40

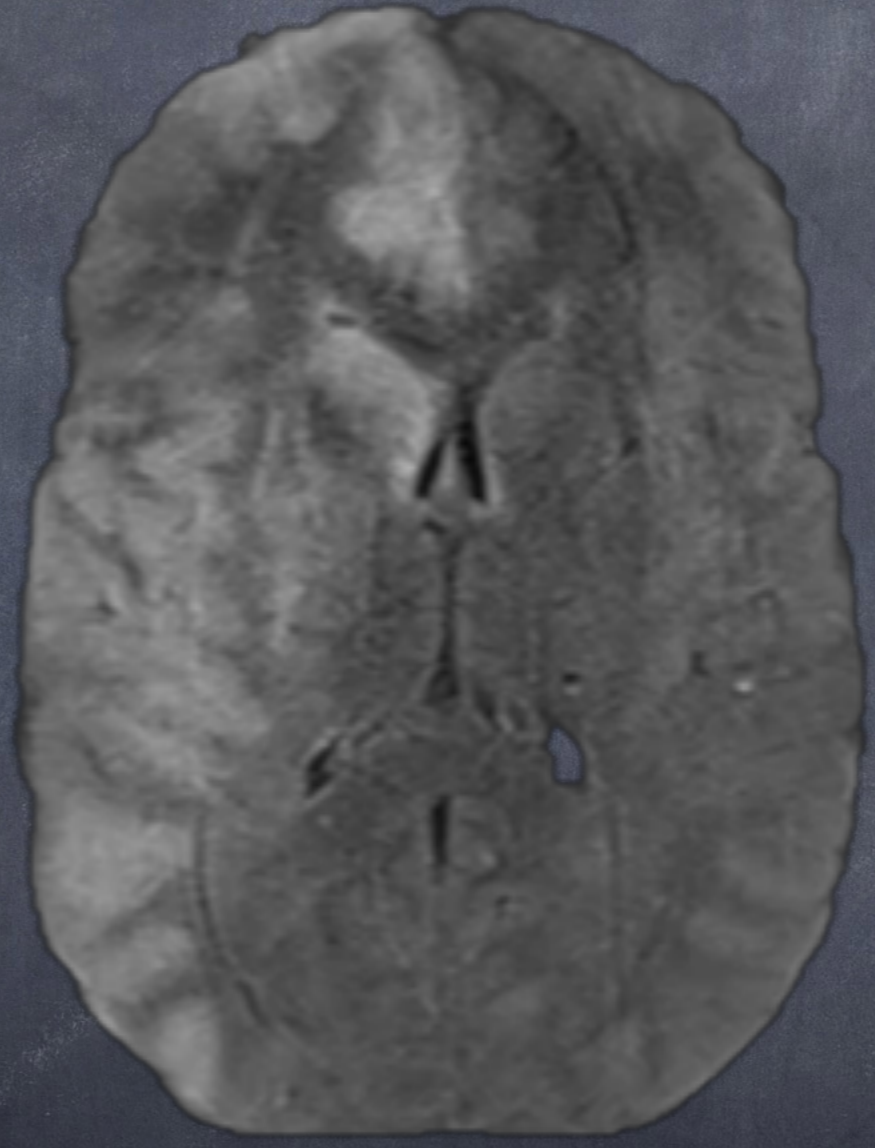
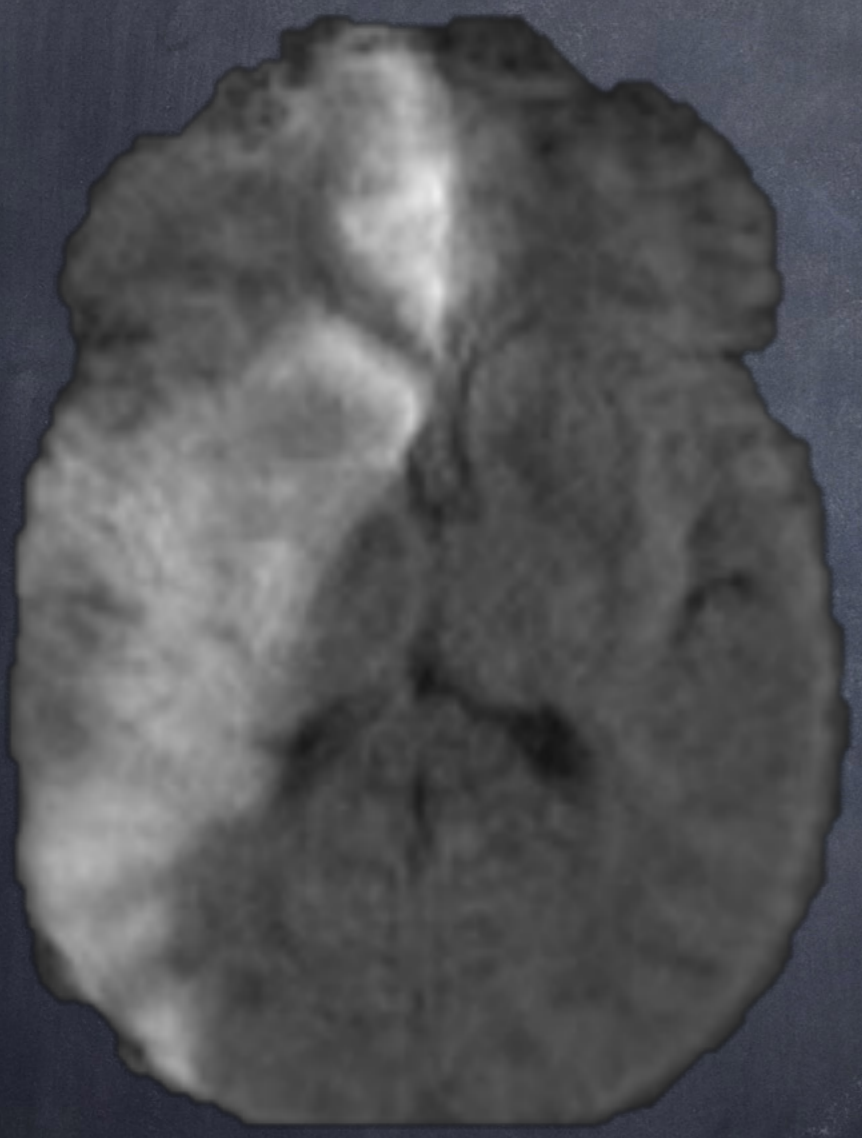
Arrivée à la UNV: 00:20

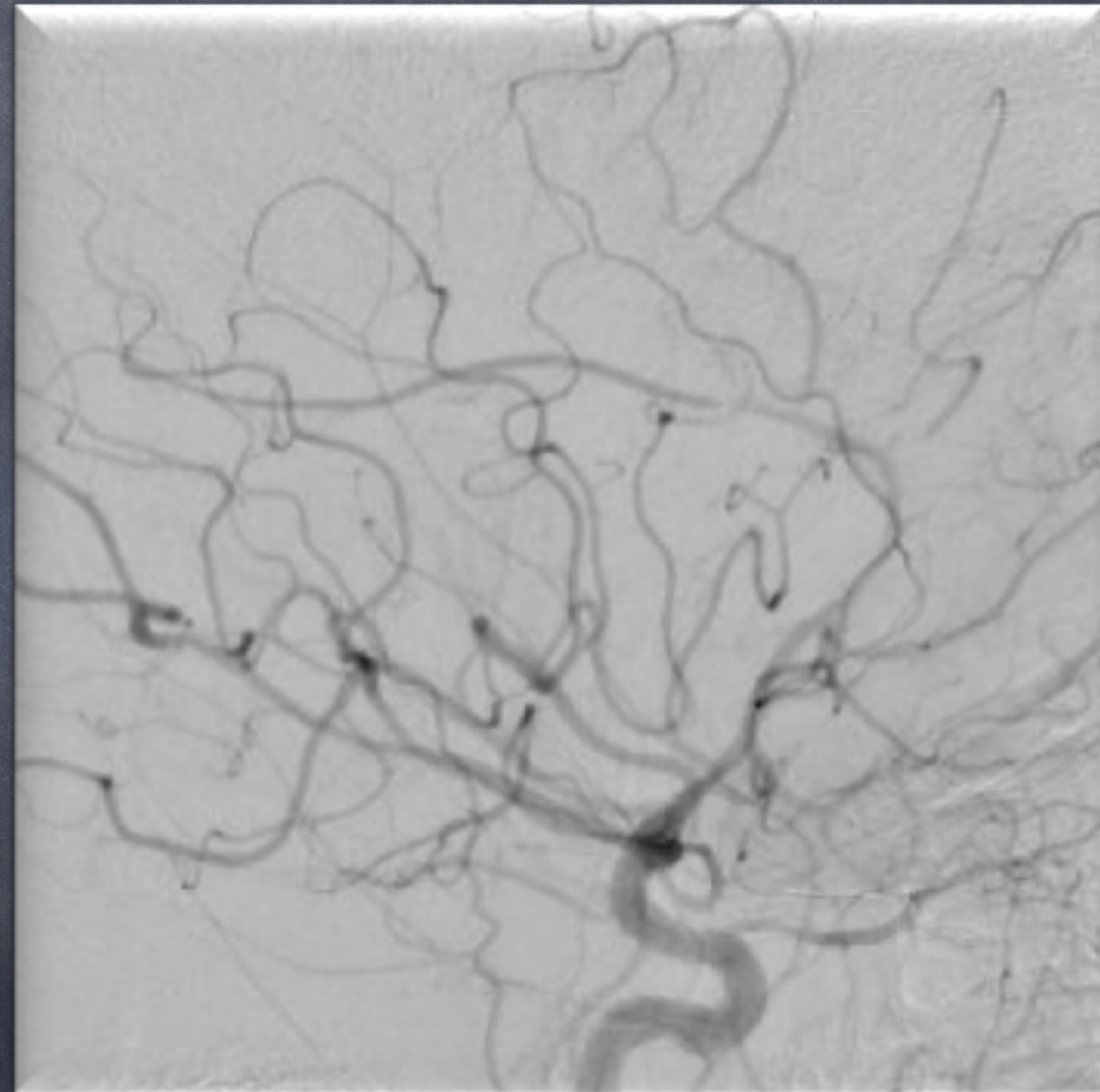
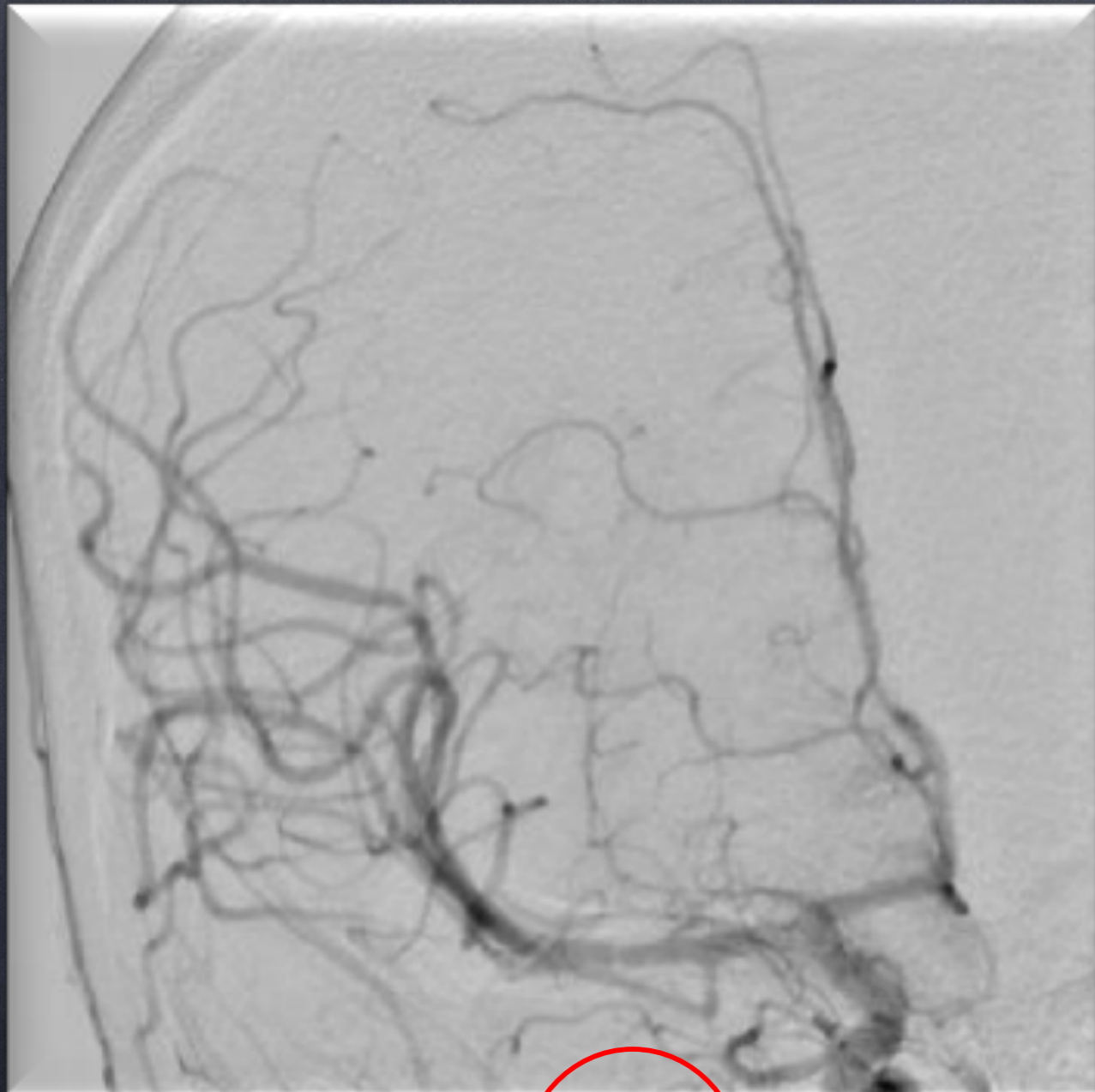
NIHSS: 10

Dégradation brutale vers 6h

NIHSS 20

01





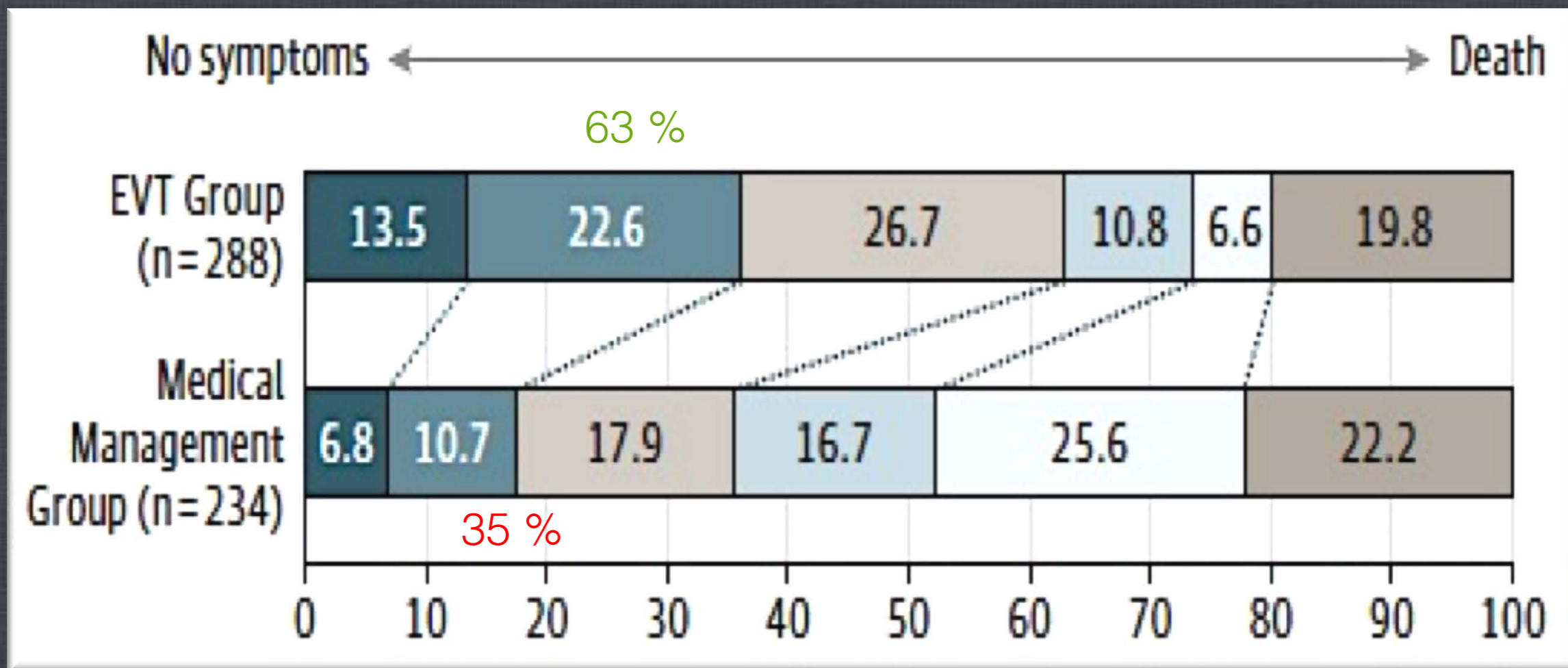
OCCCLUSIONS DISTALES

M2!



JAMA Neurol. 2016 Nov 1;73(11):1291-1296. doi: 10.1001/jamaneurol.2016.2773.

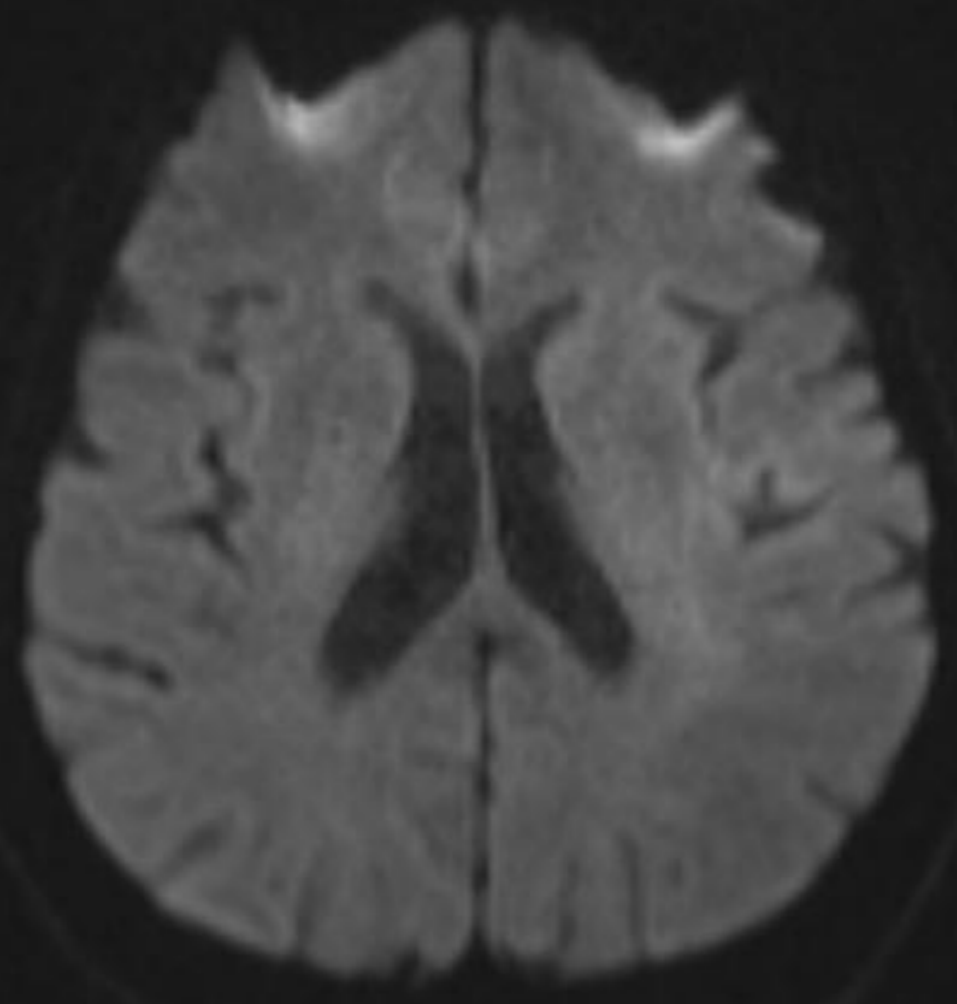
Endovascular Therapy for Acute Ischemic Stroke With Occlusion of the Middle Cerebral Artery M2 Segment.



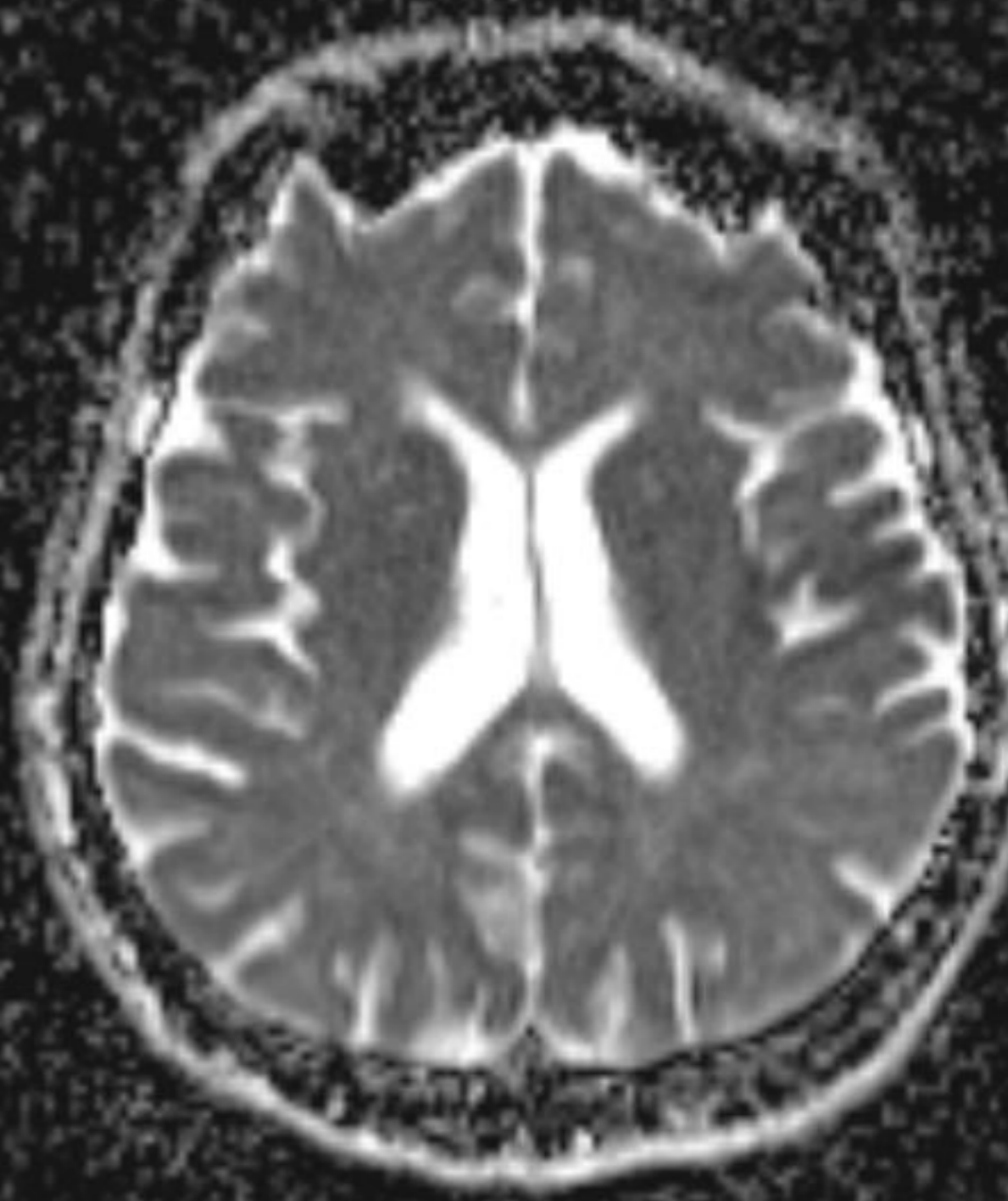
Cas 5

- F, 79 ans
- Aphasie à 13h30
- NIHSS 8

IRM
1H



R

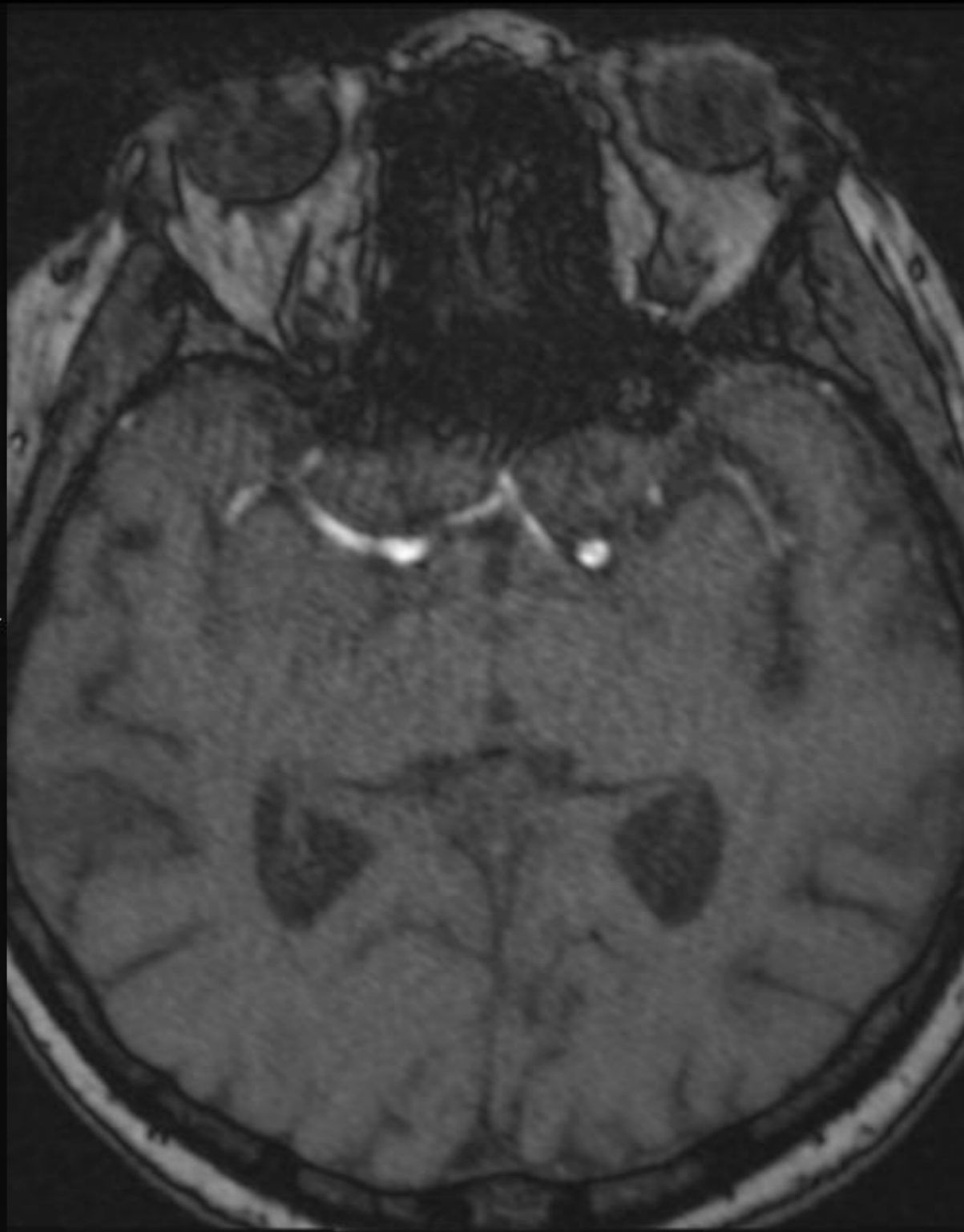
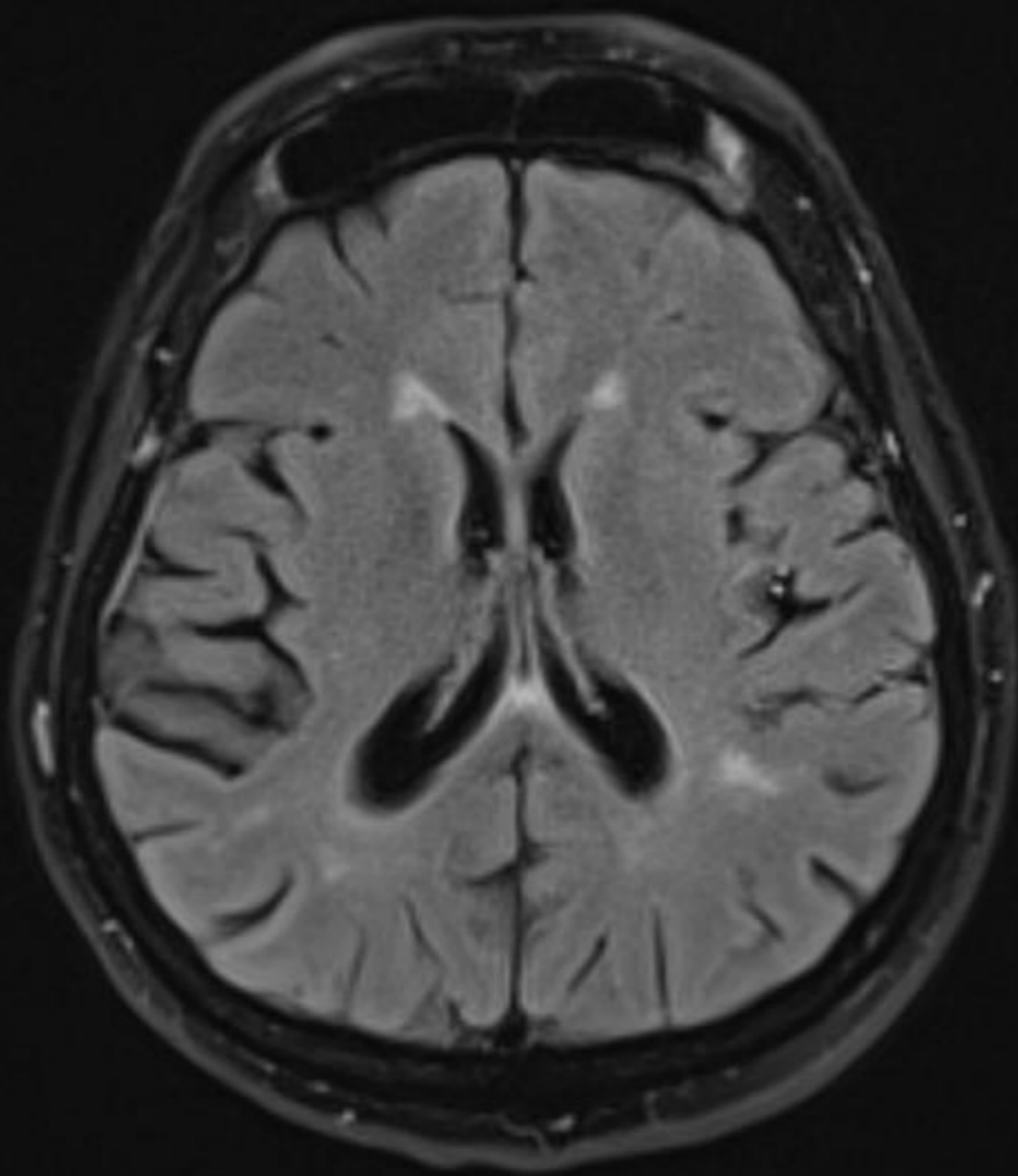


P

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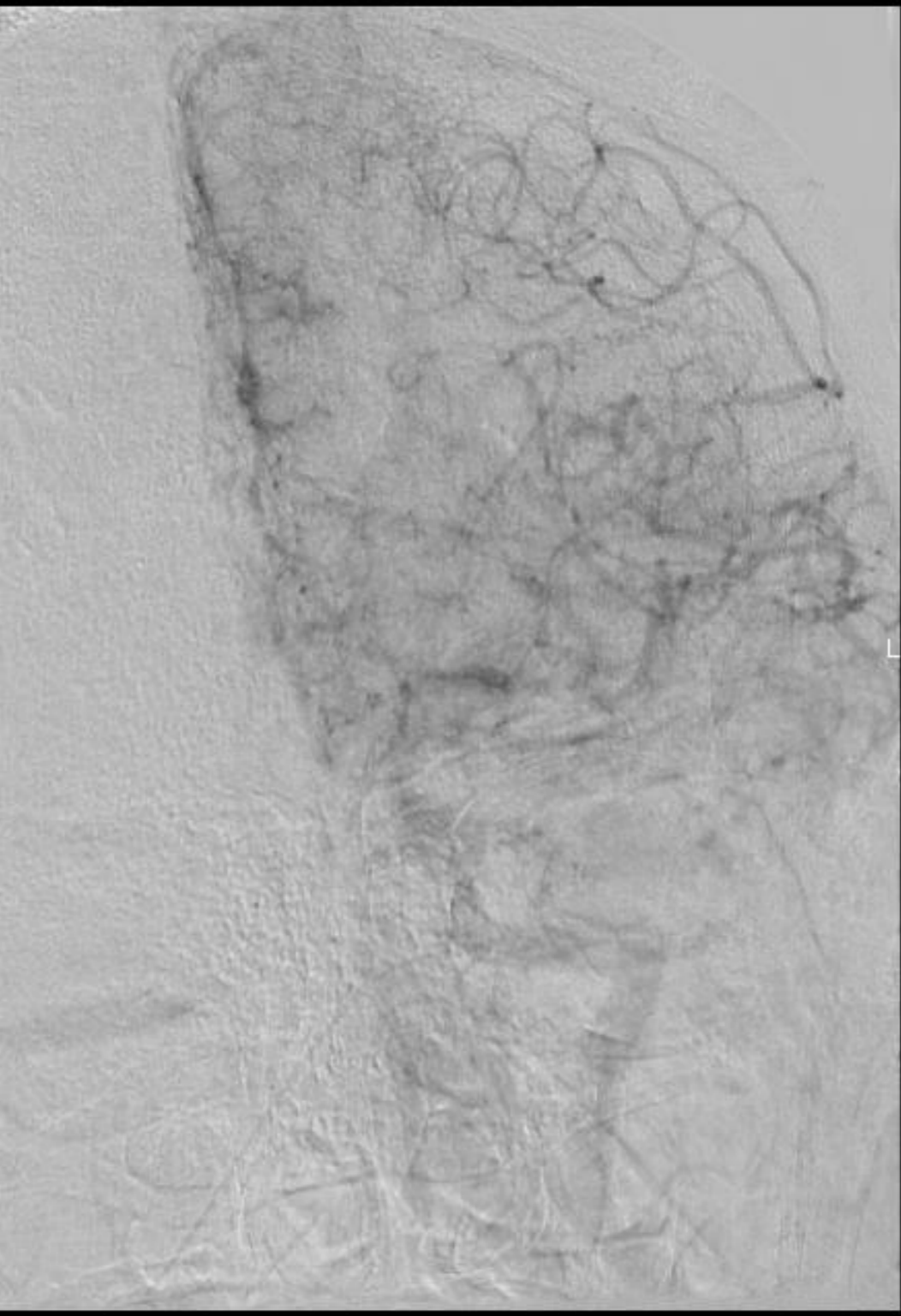


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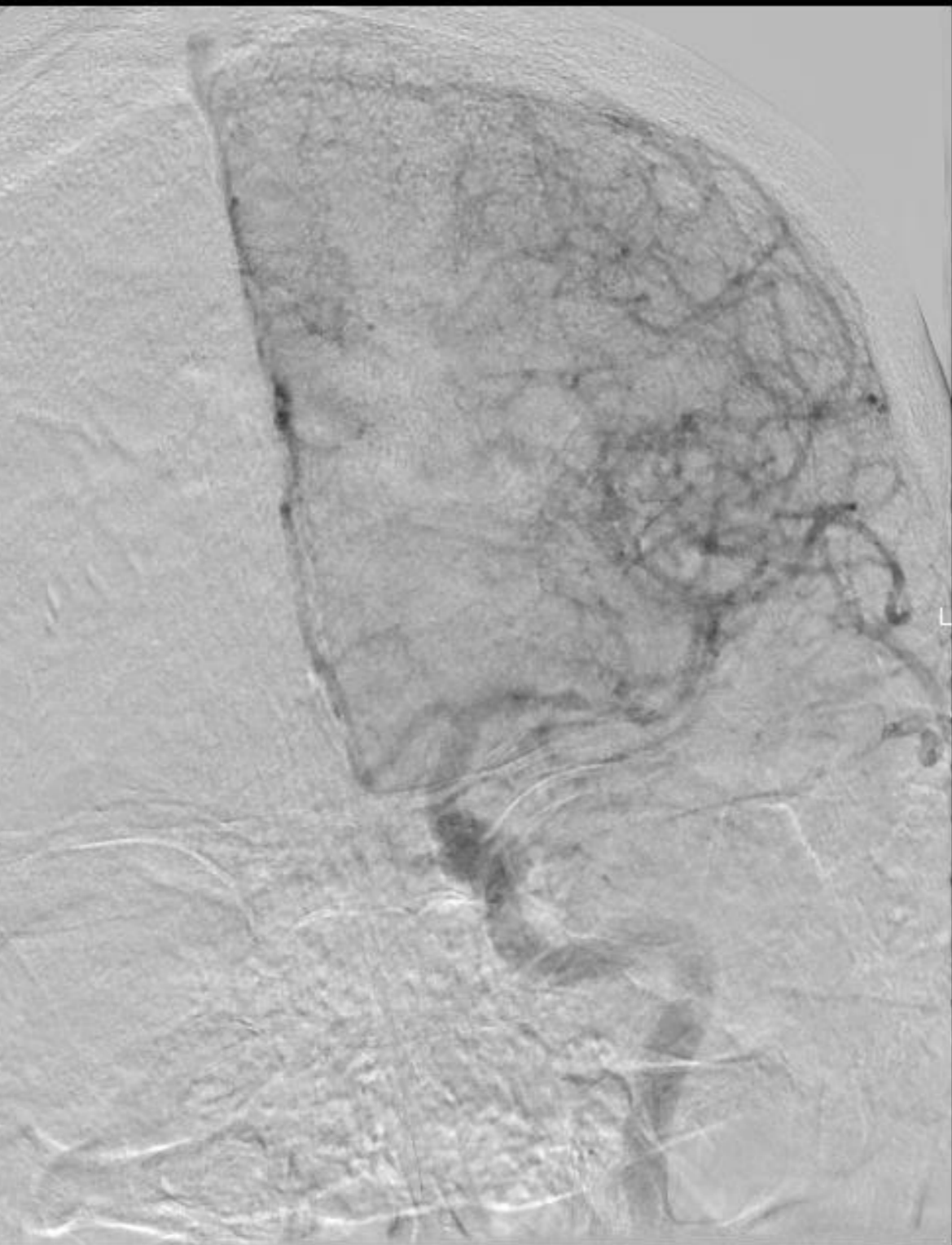
F

F

Sofia +
Vasco 10 +
Catch Mini

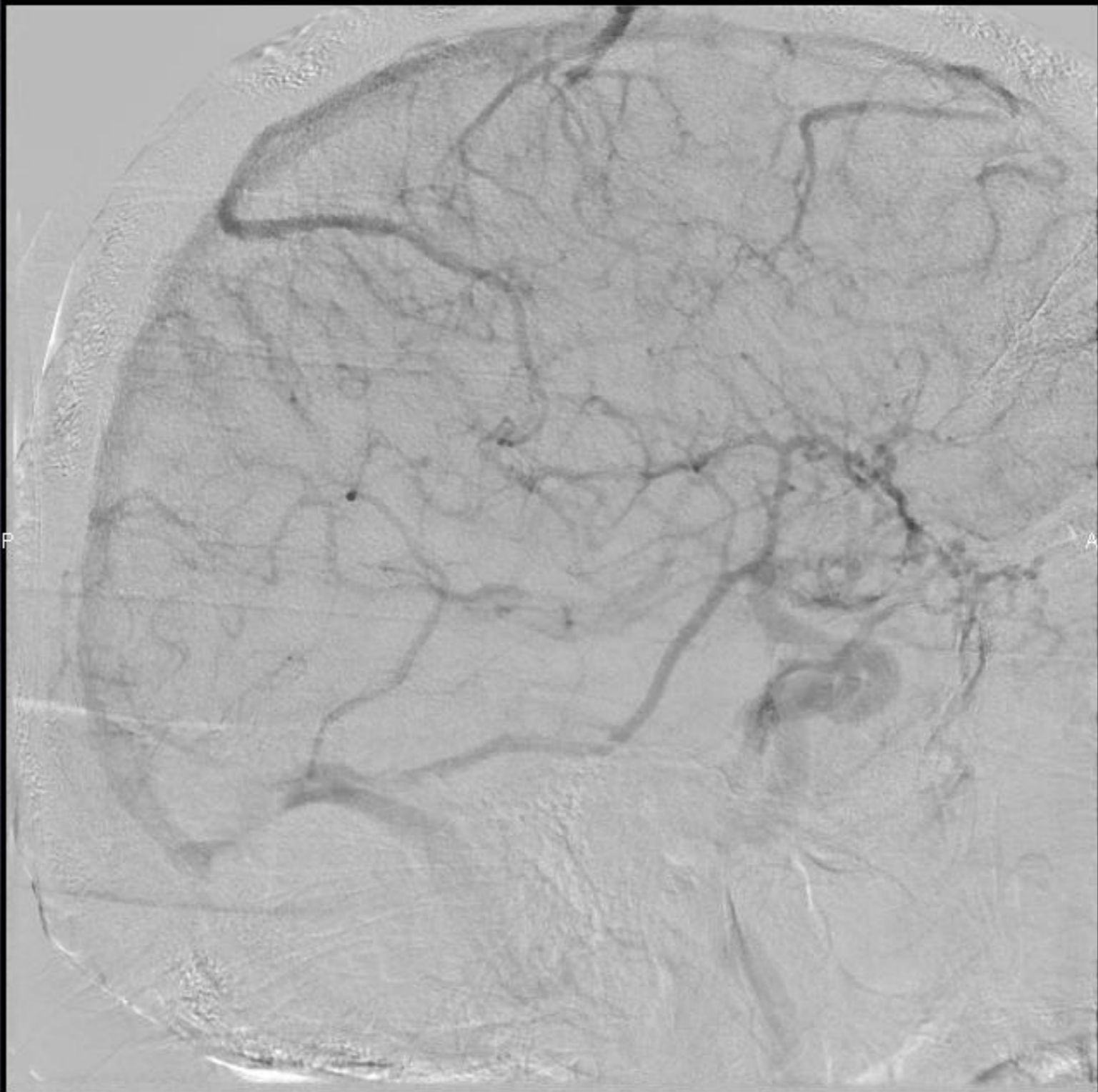


H



L P

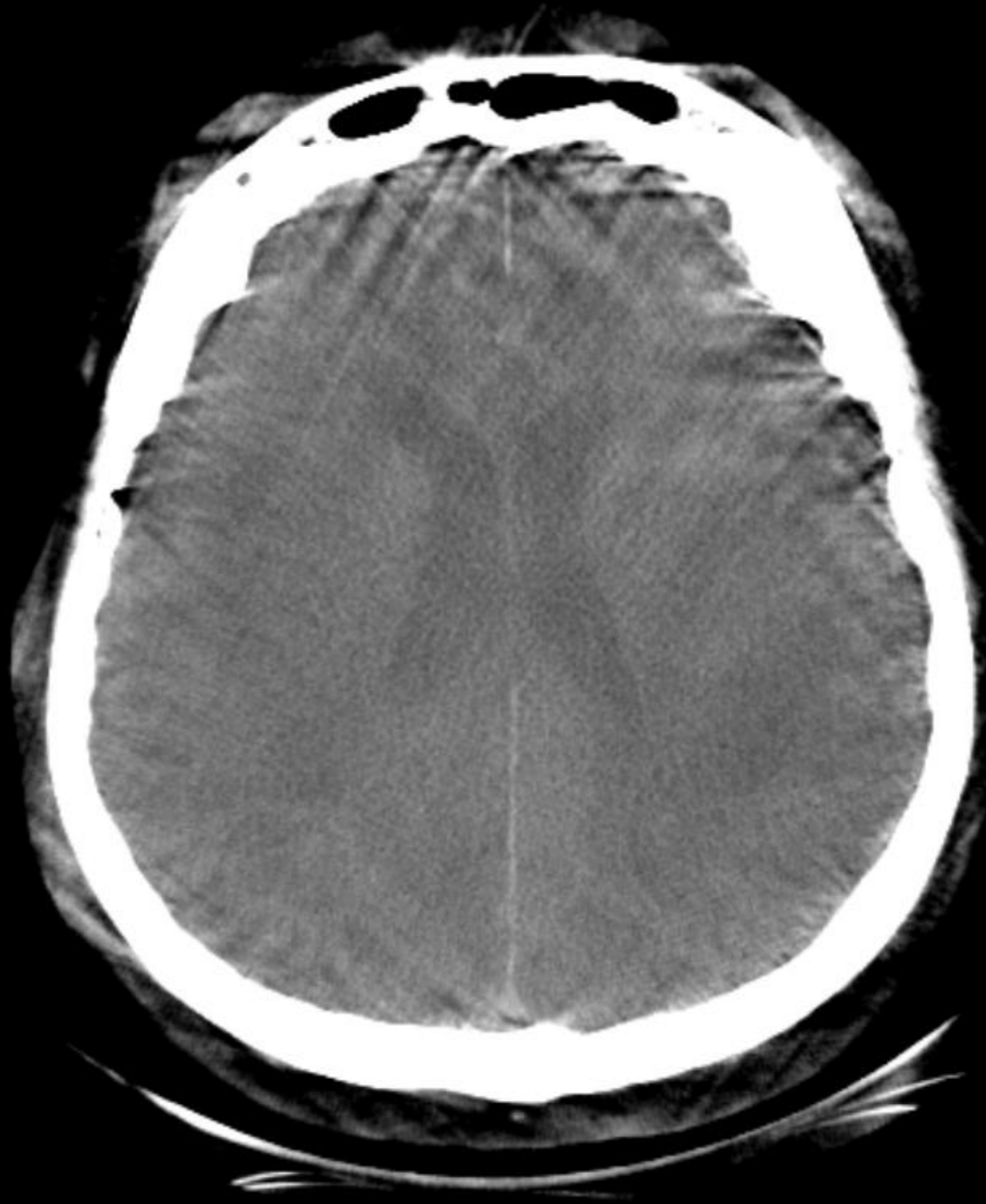
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Conclusion

- T Carotidien
 - Patient souvent plus grave
 - Gros thrombus
 - Risque de fragmentation/migration
 - Etudier carotide contra latérale

Conclusion

- ACA
 - Méfiance
 - Navigation parfois plus difficile
 - Dispositif plus petit

Conclusion

- Embolies distaux
- Thrombectomie x thrombolyse IV
- Faisable x raisonnable
- Risque hémorragique

Merci de votre attention

s.saleme@mac.com