Rapidly recurrent basilar artery thrombosis treated with emergent mechanical thrombectomies and stenting

Mark Cohen  
*HCA Healthcare, mark.cohen@hcahealthcare.com*

Amna Imran  
*HCA Healthcare, amna.imran@hcahealthcare.com*

Ankur Garg  
*HCA Healthcare, Ankur-Garg@ouhsc.edu*

Follow this and additional works at: [https://scholarlycommons.hcahealthcare.com/neurology](https://scholarlycommons.hcahealthcare.com/neurology)

Part of the Investigative Techniques Commons, Neurology Commons, and the Therapeutics Commons

**Recommended Citation**

RAPIDLY RECURRENT BASILAR ARTERY THROMBOSIS TREATED WITH EMERGENT MECHANICAL THROMBECTOMIES AND STENTING

MARK COHEN, MD  AMNA IMRAN, MD  ANKUR GARG, MD

Neurology Residency Program, University of Central Florida College of Medicine, Orlando, Florida
Osceola Regional Medical Center, Kissimmee, Florida

Introduction

Acute basilar artery thrombosis (BAT) is a life-threatening condition that can be treated by emergent mechanical thrombectomy (EMT). Recurrent acute BAT is a rare phenomenon. Here we describe a case of rapid recurrent acute BAT that was treated each time by EMT and finally by emergent basilar artery stenting with good outcome.

Case Presentation

66-year old male with PMH significant for HTN, HLD, and DM presents with acute upper extremity ataxia, dysarthria, and right-sided numbness. NIHSS was 13. Initial imaging revealed a hyperdense basilar artery (Fig. 1). Successful thrombectomy was performed, and severe basilar artery stenosis was noted afterwards. Several hours later he was worse with right hemiparesis and severe dysarthria. Repeat imaging again showed a hyperdense basilar artery (Fig. 4), concerning for re-thrombosis. Angiogram confirmed recurrent thrombosis which was again successfully recanalized. Persistent high-grade stenosis at the proximal basilar artery was determined to be the site of thrombus formation. He was anticoagulated with heparin 7500 U and another angiogram was obtained 15 minutes post-thrombectomy with repeat thrombosis again visualized at the site of stenosis. We made the decision to proceed with emergent stenting as a life-saving measure.

Figure 1
Initial CT

Figure 2
Prior to first thrombectomy

Figure 3
First thrombectomy
10:20 am

Figure 4
Second CT

Figure 5
Prior to second thrombectomy

Figure 6
Second thrombectomy

Figure 7
Fifteen minutes after second thrombectomy

Figure 8
Acute basilar artery stenting

Figure 9
Subsequent MRIs

This research was supported (in whole or in part) by HCA and/or an HCA affiliated entity. The views expressed in this publication represent those of the author(s) and do not necessarily represent the official views of HCA or any of its affiliated entities.