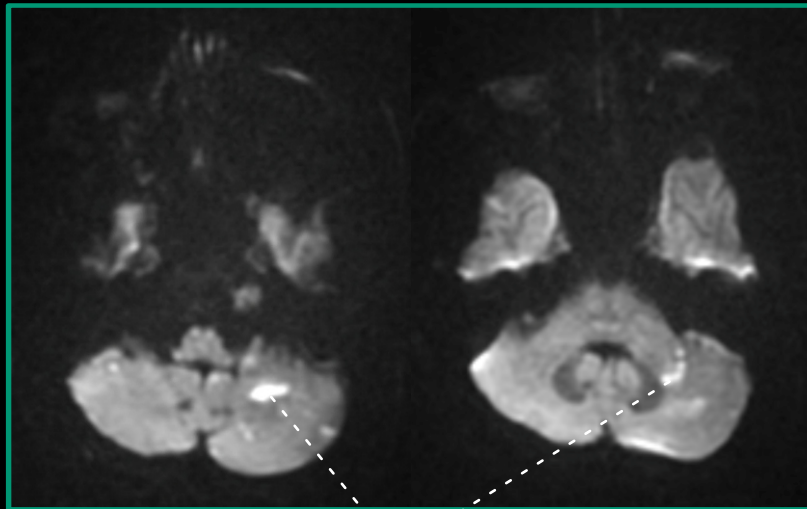


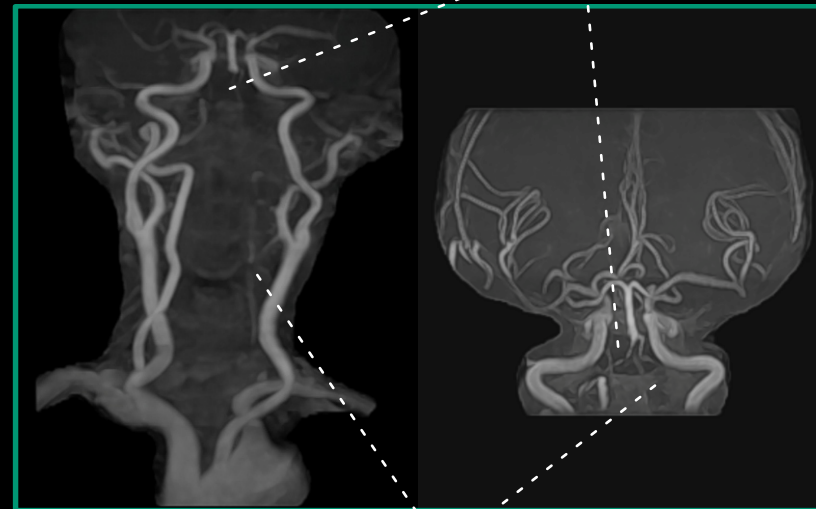
Case 23: ICAD Vertebro-Basilar Angioplasty

63 YEAR OLD FEMALE

- Known case of HTN and DM.
- Presented with acute onset giddiness, vomiting and imbalance while walking.
- On examination she had left UL ataxia with gait ataxia.
- MRI brain stroke protocol revealed left cerebellar and MCP infarct with total occlusion of left vertebral artery.



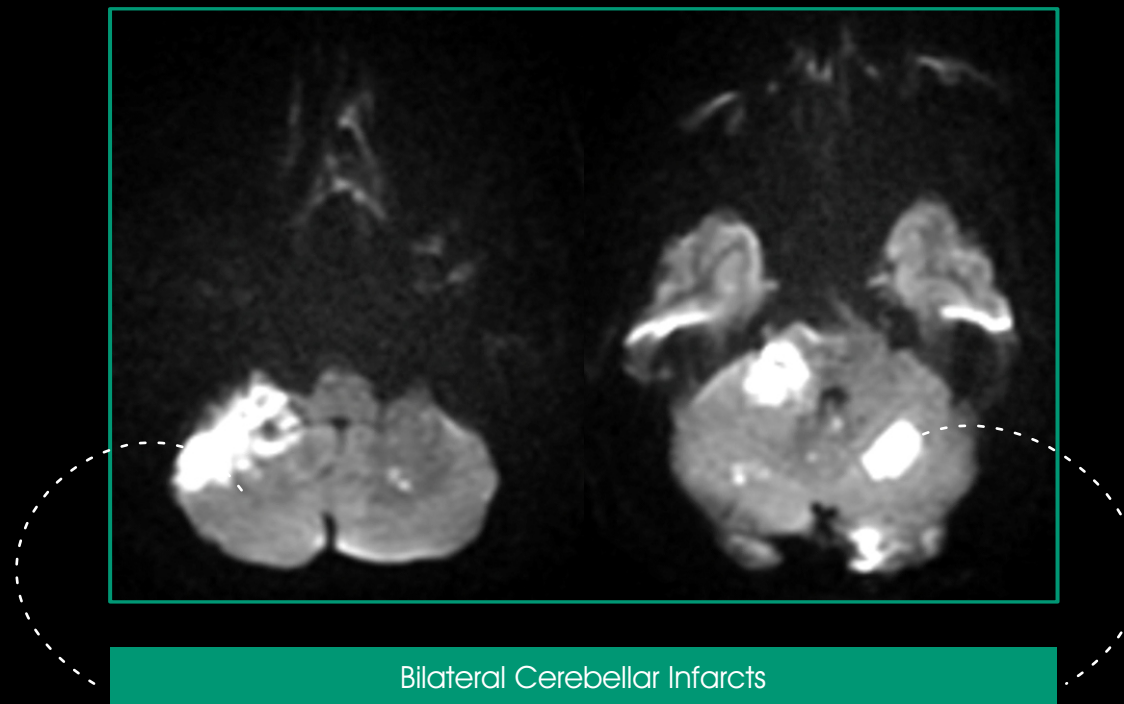
Left Cerebellar and Left MCP Infarct



Right VA Vertebro-Basilar Stenosis

Left VA Total Occlusion

- She was admitted and treated at another hospital became stable and improved over 3-4 days
- However 10 days later again started having recurrent episodes of giddiness, slurring of speech and imbalance while walking with partial recovery
- She was referred to us for further treatment
- Repeat MRI showed bilateral cerebella infarcts



- She underwent DSA which confirmed left VA total occlusion and severe right vertebro-basilar (VB) stenosis.
- After detailed discussion with relatives she underwent right vertebro-basilar angioplasty and stenting uneventfully.



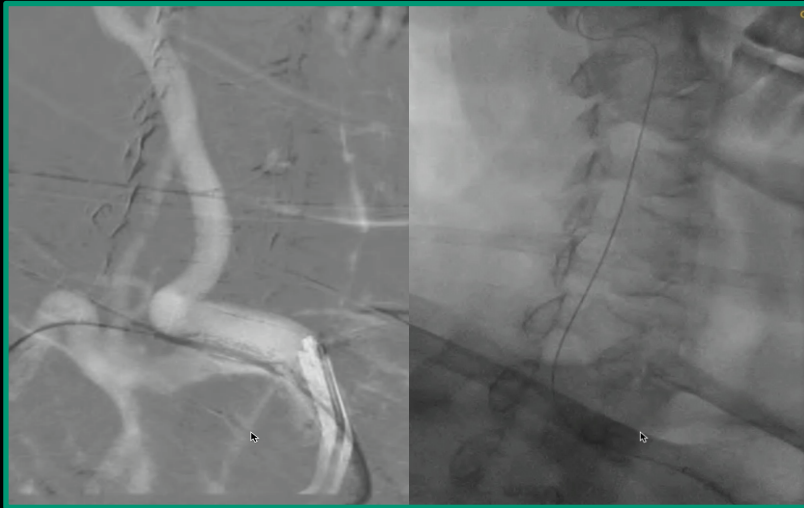
First
Difficult Access



Second
Difficult Access

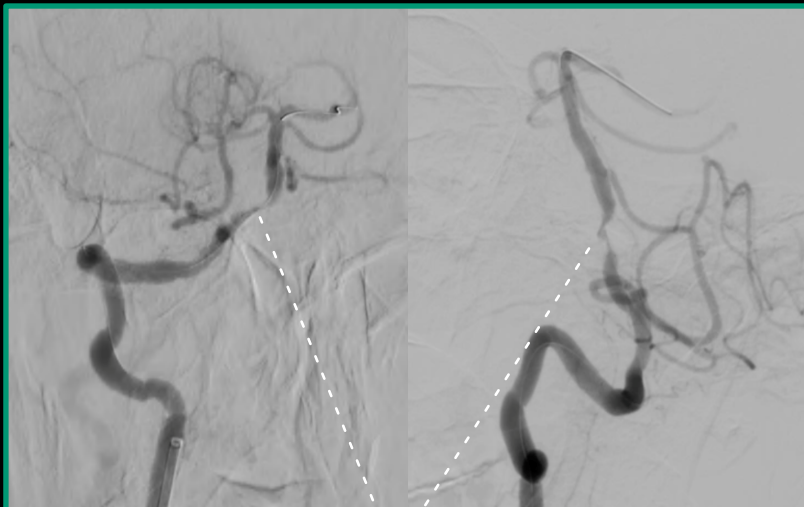


Scan/click to view is
Patient's clinical status

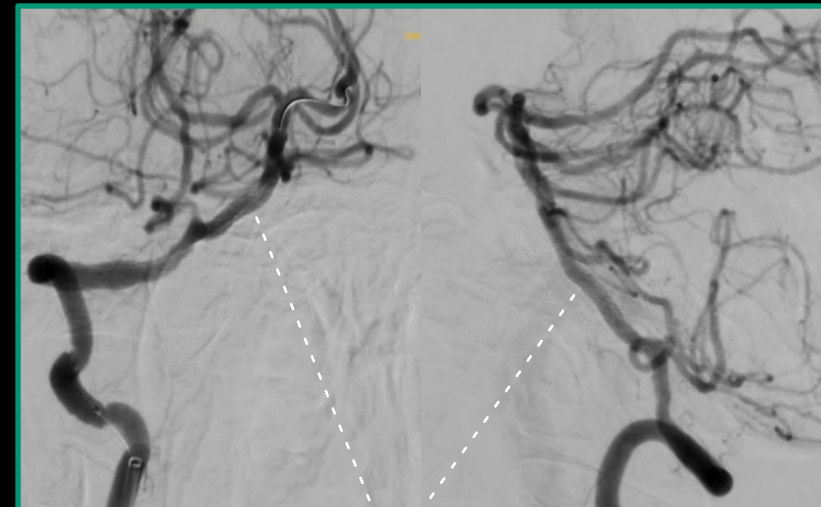


- The main challenge was cannulating right VA and exchanging diagnostic with guide catheter because of significant tortuosity
- Post procedure she did not develop any further stroke/TIAs
- She was discharged with minimal ataxia

Significantly tortuous anatomy of the brachiocephalic trunk, right subclavian artery



Right VB Severe Stenosis



Post Angioplasty and stenting



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