

Intravenous thrombolysis in basilar dissection: report of a good recovery and follow-up

Trombólise endovenosa em dissecção de artéria basilar: relato de boa recuperação e seguimento

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A 33 year-old man arrived after 3h with dysarthria and right-sided hemiparesis (National Institutes Health Stroke Scale (NIHSS:11)). We perform IV thrombolysis and after 1h, NIHSS: 4. After 24h, he presented fluctuating neurological symptoms. Angiography and CT-angio (CTA) (Figures A and B) demonstrated an isolated dissection of the basilar artery, without subarachnoid hemorrhage. Anticoagulation

was initiated with rapid improvement. After 7 days he was discharged with NIHSS: 2, Rankin: 2. CTA (Figure C) showed partial basilar recanalization, and after 6 months (Figure D) the basilar artery was normal. Although not considered a formal therapeutic option for arterial dissection¹⁻³, IV thrombolysis was performed and maybe prevented microembolic events, improving prognosis^{4,5}.

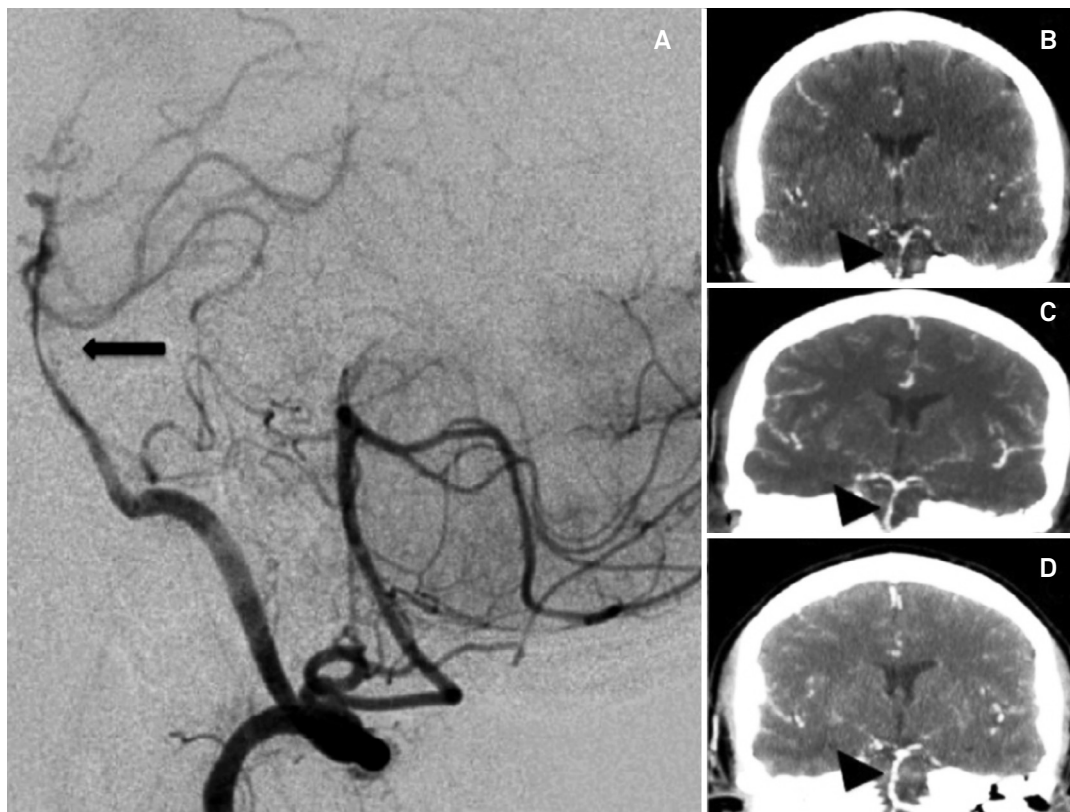


Figure. A) Basilar artery dissection without vertebral artery involvement in Digital Subtraction Angiography – lateral image (arrow). B) CT-angio: Isolated narrowing of basilar artery in day 1 (arrowhead). C) Partial recanalization of basilar artery lumen in day 7 (arrowhead). D) After six months, basilar artery without pseudoaneurysm and improvement of recanalization (arrowhead).

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Conflict of interest: There is no conflict of interest to declare.

Received 20 May 2013; Received in final form 22 July 2013; Accepted 29 July 2013.

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