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Efficacy of recanalisation in patients with chronic occlusion in the middle cerebral artery

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Background and Aims: Patients with chronic middle cerebral artery occlusion may be asymptomatic or mild symptoms, but severe cerebral infarction may occur in the future. This study evaluated the safety and efficacy of interventional recanalisation in patients with chronic middle cerebral artery (MCA) occlusion, which causes chronic symptomatic cerebral infarction.

Methods: Twenty-two patients with MCA occlusion that led to chronic symptomatic cerebral infarction were admitted at the Chengdu Fifth People's Hospital from June 2017 to September 2018. In all patients, a large area of hypoperfusion in the MCA area was noted on computed tomography (CT) perfusion imaging. Regular drug treatment was ineffective in all the patients. The patients' clinical and imaging data, including general condition, past history, treatment status, and prognosis, were analyzed. Therapeutic effects and complications were also analyzed.

Results: Of the 22 subjects, 20 underwent successful revascularisation; their thrombolysis in cerebral infarction score was 3. No patient had postoperative intracranial haemorrhage. No complications were noted during the perioperative period. After 90 days' follow-up, no patient had cerebral infarction or any other cerebrovascular disease. The modified Rankin Scale score was less than 2 in all patients.

Conclusions: If regular drug treatment is ineffective for patients with chronic symptomatic cerebral infarction caused by MCA occlusion with a large area of hypoperfusion in the MCA area confirmed via CT perfusion imaging, interventional recanalisation may be safe and effective. Large sample-size clinical trials are needed to confirm this result.

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