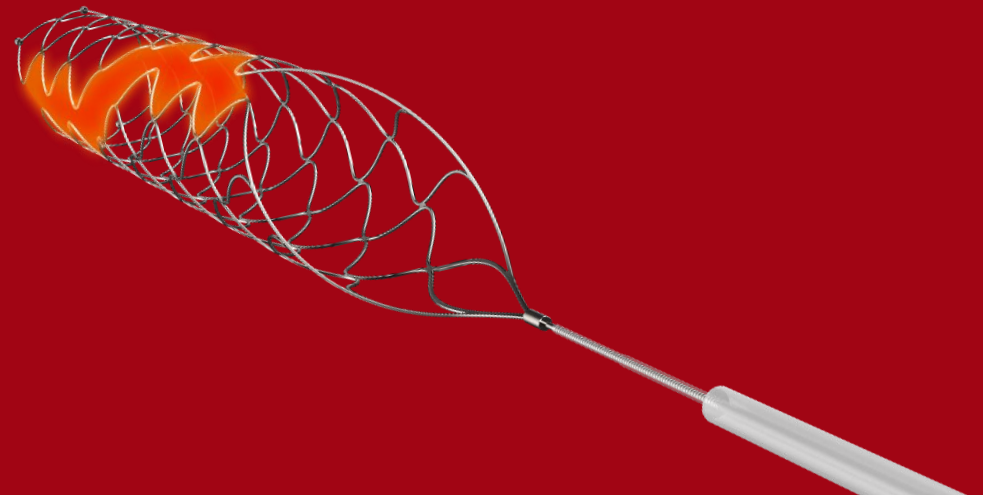




TONBRIDGE
MEDICAL

Case Report

Acute basilar artery occlusion opening



Patient information

- Male, 48 years old.
- Left upper extremity muscle strength class III, left lower extremity muscle strength class III, right upper extremity muscle strength class I, right lower extremity muscle strength class I, Babinski's sign (L+, R+)
- NIHSS score: 23 points
- mRS score: 0 point

*Courtesy of:
Yongning Jiang, Dandong City Center Hospital*

Preoperative Examination

- DSA showed proximal occlusion of the basilar artery
- Right PCA opened to the posterior circulation supply compensation, as seen in the top of the basilar artery partially filled ACGS-BAO Class III



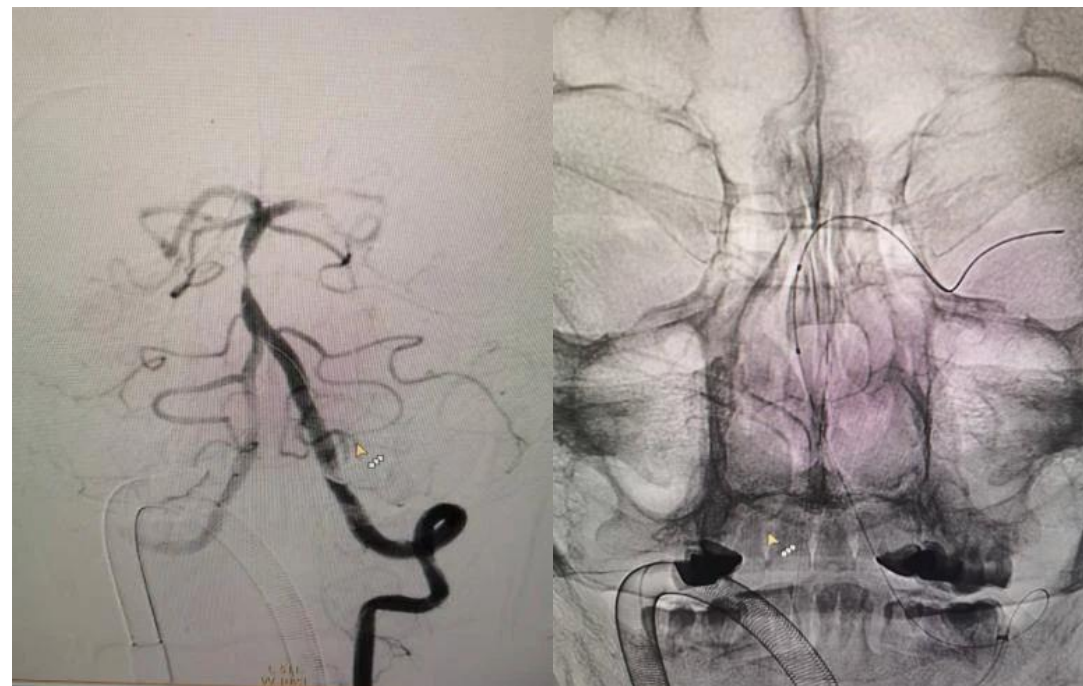
Procedure

- Microguidewire passed through the occluded segment and followed by a microcatheter
- Released 6*30mm Thrombite™ Clot Retriever Device with no clear embolus removal



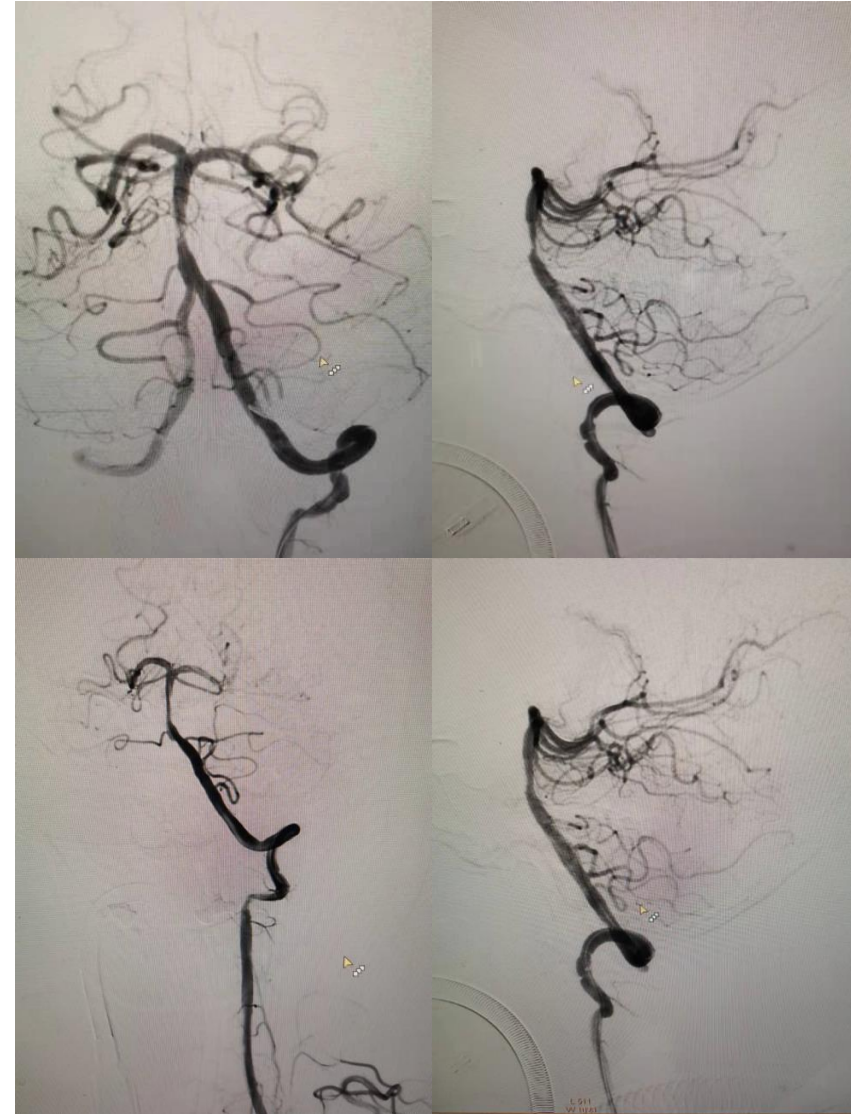
Procedure

- After one thrombectomy, re-angiography showed severe stenosis of the proximal segment of the basilar artery
- Dilated with 2*15mm Tonbridge Intracranial Balloon Dilatation Catheter



Procedure

- The balloon was again used for slow dilatation at 14 atm and the residual stenosis of the lumen was less than 30%
- After angiography, the anterior and lateral views showed patent flow with good distal flow mTICI grade 3



Postoperative Angiography

- The patient's MRI images were reviewed 2 years after surgery, and the patient's mRS score was 1, with no further acute attacks again

