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## Mechanical thrombectomy beyond standard therapeutic time window

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**Introduction:** Mechanical thrombectomy is recommended as the standard treatment of occluded large cerebral artery within first 6 hours since stroke onset. Beyond this standard therapeutic time window, thrombectomy may be beneficial in strictly selected patients only and upper treatment time limit has been still unknown. The aim was to document a positive clinical effect of thrombectomy performed after 14 hours since stroke onset.

Methods: We describe a case of 73 y/o female, who presented with sudden severe left-sided hemiparesis at home. She was admitted to the stroke center after eleven hours after stroke onset with severe and fluctuating hemiparesis. Admission CT scan showed partial occlusion of right internal carotid artery (ICA) and occlusion middle cerebral artery (MCA) and relatively large ischemic penumbra on CT perfusion scans. Based on clinical symptoms, CT and MRI findings, the mechanical thrombectomy with successful recanalization of ICA and MCA were performed 14 hours after stroke onset with an excellent clinical outcome.

**Conclusion:** Mechanical thrombectomy is recommended a standard treatment of occluded large cerebral artery within first 6 hours since stroke onset. Strictly selected patients with ischemic penumbral patterns may have benefit from mechanical thrombectomy even beyond standard therapeutic time window.

## **Biography**

David Černík, MD was born on 14.4.1982, Chomutov Czech republic Employer Krajská zdravotí a.s., Masaryk Hospital Ústí nad Labem, Czech Republik, Comprehensive Stroke Center, Department of Neurology since 2011 Post graduated in Comprehensive Stroke Center, Department of Neurology, Palacký University Medical School and Hospital, Olomouc, Czech Republic since 2015

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**Notes:**