## PRESENTATION:

78 year old Female presents to BRH via HCFR at 12:53 with aphasia, TLKW 2200. Patient found to have evolving right hemiparesis , NIHSS 13. Patient was not a candidate for IV TPA due to TLKW > 4.5 hrs. Clinical suspicion for LVO based on coritical symptom. CTA/CTP obtained. Left MCA M1 occlusion with large pneumbra, code ELVO activated, patient taken to IR suite for mechanical thrombectomy. Pre morbid MRS- 0

**PROCEDURAL DESCRIPTION:** 

Procedure: Patient in NIR at 13:45, Intubated & prepped. Puncture at 14:09. Reperfusion of Left cerebral hemisphere

Access to Revascularization: 11 mins

Clot Location: LMCA M1

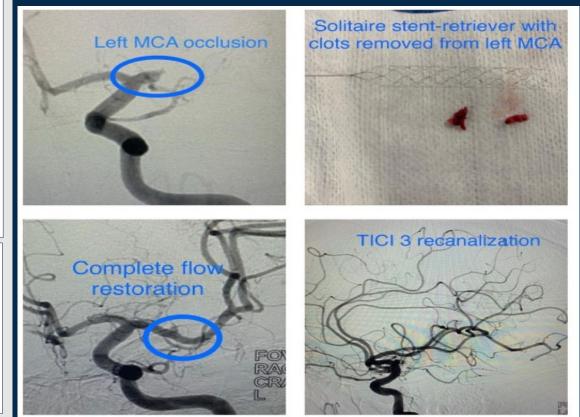
**CASE CONCLUSION:** 

Door to Groin: 76 mins

Post Intervention Flow: TICI 3

Pre-Intervention flow: TICI 0

## CASE IMAGES:



## Door to Alteplase: NA- wake up stroke PATIENT CARE TEAM:

ED Physician: Dr. Ksaibati & Dr. Brown–Forestiere ED: Amanda, Kellaney Neurologist: Dr. Khan IR Team: Dr. Whisenant, Dawn, Brett, Doris, Crystal, Lindsay, Chris

**HCFR-R4A** 

ONSET: 22:00 03/18

at 14:20

ARRIVAL: 12:53

NIR START: 14:09 REVASC: 14:20

TICI : 3

119 Oakfield Drive, Brandon FL 33511 : 813-916-0753



ENT CASE REPORT hemic Stroke Follow-up Acute Iscl PAT