

Acute Isolated Posterior Cerebral Artery Occlusion Successfully Treated with Combined Pharmacological and Mechanical Thrombectomy

Alaa Ayad, FRCR* Hossam Eldin Mohamed, MD**
Wael Ebrahim, MD, PhD***

Posterior cerebral artery (PCA) and other posterior circulation strokes are challenging to diagnose compared to anterior circulation strokes because of non-specific and fluctuating symptoms. This may delay timely diagnosis, treatment and affect patients' outcome and prognosis.

We report a case of an acute isolated PCA occlusion that was successfully treated with endovascular mechanical thrombectomy.

A sixty-nine-year-old female presented with dizziness, confusion, nausea and severe headache. Stroke code was activated. Plain CT was negative for hemorrhage or recent infarction. CT angiography (CTA) revealed total occlusion of P2 segment of right PCA. MRI showed acute infarction of the right deep temporal and occipital regions indicating diffusion restriction and dark signals in Apparent Diffusion Coefficient (ADC) map with diffusion–fluid-attenuated inversion recovery (FLAIR) mismatch. Systemic intravenous (IV) thrombolysis was given immediately after the diagnosis, followed by endovascular mechanical thrombectomy. Complete PCA endovascular recanalization and reperfusion was obtained 4 hours after the onset of symptoms with complete clinical recovery.

Endovascular mechanical recanalization prompt reperfusion is beneficial and results in a good clinical course in patients with PCA strokes.