

Retrievable Stents: Fast Results in Acute Stroke

BY MITCHEL L. ZOLER

FROM THE INTERNATIONAL STROKE CONFERENCE

LOS ANGELES – Using retrievable stents to remove occluding clots from the cerebral arteries of acute ischemic stroke patients produced a high rate of recanalization and good safety in 3-month follow-up of 74 patients, the largest series of patients treated this way yet reported.

Removing clots from acute stroke patients using retrievable stents also required less time and fewer passes, with an average procedure duration of 45 minutes, Dr. Aitziber Aleu said at the conference.

“The advantage of stentriever [retrievable stents] is that they are very easy to use and are faster to recanalize with

The series of 89 patients underwent treatment with a retrievable stent during March 2008 to December 2010. The operators used either of two brands of retrievable stents, the Solitaire or the Trevo, on roughly equal numbers of patients.

The average age of the patients was 66, and their average NIH Stroke Scale score at baseline was 18 (range, 15-22). Prior to stent placement, 48% of the patients had received treatment with tPA.

The average recanalization procedure took 45 minutes, with a range of 27-60 minutes, and each procedure required an average of 1.4 stent passes to remove the occluding blood clot. Stent deployment usually lasted less than a minute before retrieval, and the operators had no episodes of failed deployment. Stent treatment resulted in successful recanalization in 81 patients (91%), with 70% achieving a Thrombolysis in Cerebral In-

farction flow rate of III, and 21% achieving TICI II flow.

Dr. Aleu presented 3-month follow-up results for 74 patients. At that time, 35 patients (47%) had a modified Rankin score of 2 or less, and 15 (20%) had died. During 3-month follow-up, 9% of the 74 patients had a symptomatic intracerebral hemorrhage.

Dr. Aleu said that she and her associates on the study had no disclosures. ■



In all, 91% of patients were successfully recanalized; 70% achieved TICI III flow and 21% reached TICI II.

DR. ALEU

fewer passes,” said Dr. Aleu, an interventional neurologist at Germans Trias i Pujol University Hospital, Barcelona. Retrievable stents “are now our first-line approach for acute stroke patients,” she said in an interview.

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I have used the Solitaire stent as part of the SWIFT study, which is randomizing acute stroke patients to clot removal with either the Solitaire stent or the Merci retriever. I find this retrievable stent to be much more torqueable and navigable than other intracerebral devices.

With 47% of patients having a modified Rankin score of 2 or less at 3-month follow-up, Dr. Aleu and colleagues have approached the 50% level that I believe is the next goal for endovascular treatment of acute stroke.

ADNAN H. SIDDIQUI, M.D., is a neurosurgeon and director of the stroke program at the State University of New York at Buffalo. He has served as a consultant to ev3, which markets Solitaire.



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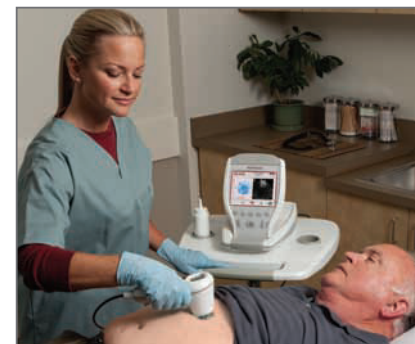
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