Retrospective Review of Hemicraniectomy Following Thrombectomy in One Institution

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Disclosure

• None of the authors have anything to disclose
Introduction

- Ischemic cerebral infarction can lead to progressive edema and increased intracranial pressure even after successful thrombectomy procedures.

- Some of these patients may benefit from decompressive hemicraniectomies.

- The purpose of this retrospective review was to investigate possible commonalities between patients who underwent thrombectomies and subsequent hemicraniectomies.
Methods

• A retrospective chart review of all patients who underwent hemicraniectomies since 2015 was completed.

• Variables collected include age, ASPECTS score, occluded vessel, number of passes during the thrombectomy and TICI score.
Results

• There were 63 total hemicraniectomies performed at the institution between 2015 and 2019.

• 17 of those procedures occurred following thrombectomy. Average age was 60 and average ASPECTS score was 8.

• The order of most common occluded vessels was Right M1 (7), R M2(3), L M1(3), L M2(1), R ICA (1), basilar(1), superior sagittal sinus(1).

• The average number of passes was 2 with 11 having TICI 3 or 2B scores.
Discussion

• Most commonly, M1 vessels were occluded (more likely right compared to left).

• Furthermore, for the majority of patients, their previous thrombectomies had successful reperfusion of the pathological vessel.
Conclusion

• By assessing for risk factors in patients who underwent thrombectomies and subsequently required hemicraniectomies, we hope to better understand this disease progression and better anticipate which patients may require a hemicraniectomy earlier.