

**Introduction**

Acute ICA occlusion carries significant mortality and morbidity and is more resistant to recanalization with IV tPA than other large vessel occlusions. The recanalization rate associated with IV tPA for ICA occlusion is similar to the natural history of these occlusions. Recent trials have shown that IV tPA has a lower recanalization rate compared to stent retrievers in the setting of large-vessel occlusion. These trials did not look at extracranial ICA occlusions and tandem lesions. Our study is the largest single center experience with acute ICA occlusion. The aims of the present study is to analyze the clinical and radiological outcome with recanalization therapy in acute occlusion of the ICA with or without tandem occlusions.

**Methods**

The study was approved institutes IRB. 62 consecutive patients(from Jan 2012 – dec 2015) who presented with acute ICA occlusion( complete or near -total) who underwent emergent recanalization were included in the study.Following parameters were analysed:Patient demographics, comorbidities, location of occlusion( proximal/distal cervical/supraclinoid), stent(short reconstruct/long reconstruct), radiological outcome(TICI flow), mRS at 3 months or last follow-up, tandem occlusion, IV -tPA and complications and use of proximal flow arrest.

**Results**

The mean-age at the time of procedure was 64.67yrs(median65;SD12.93)and 59.6%(n=37/62) were males.69.35%(n=43/62) patients had complete-ICA-occlusion.Mean-NIHSS at-presentation was 15.01(median16;SD5.7).Carotid-stenting was done in all cases,17.74%(n=11/52)received long segment-carotid-stent( involving proximal and distal-cervical or distal-cervical and Petrous-ICA stent).54.83%(N=34/62)% of patients were associated with Tandem-lesion involving ICA-terminus/M1/M2.

Balloon-guide/MomA as a proximal-protection was used in 53.2%. 37% patients(n=33/62) received IV-TPA.Good-radiological-outcome(TICI-2b-or-3) was seen in-72.5%(n=45/62).

Mean-NIHSS at discharge was 5.6. ICH occurred in 7 patients and it needed surgical-evacuation in one-patient.In-hospital-mortality occurred in 6-patients. Out of 56-patients(6died-in-hospital), mRS at 30 days was available in 43-patients.72.%(n=31/43) had good(mRS<=2) outcome.

**Conclusions**

Emergent Carotid revascularization with Carotid stents should be the first line management strategy for the treatment of Acute-ICA-occlusion. Concomitant treatment of tandem lesions with stent retrievers does not increase the morbidity and mortality.Dual -Antiplatelet regime even in patients who received IV tPA doesn't increase the risk of ICH and adverse clinical outcome.

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**Learning Objectives**

By the conclusion of this session, participants should be able to

1) understand the clinical outcome of recanalisation of occluded ICA in acute setting

2)understand the radiological outcome of recanalisation of occluded ICA in acute setting.

3)Dual-anti platelet are safe in the setting of IV-TPA

**References**

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