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Endovascular Therapy of Intracerebral Posterior Circulation: Early Results and Mid Term Follow Up

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Background: Symptomatic vertebrobasilar ischemia despite antiplatelet or anticoagulation therapy deserved endovascular therapeutic approach.
Aim: To report our initial experience of intracranial vertebral and basilar endovascular therapy by invasive cardiology team.
Methods: During last 6 month 7 pts (4M , 3F, mean age 67±9 years) underwent therapeutic endovascular intervention secondary to atherosclerotic intracerebral posterior circulation (PC) disease. All pts had 3-4 major atherosclerotic risk factors. Four had concomitant coronary and peripheral vascular diseases. Main symptoms were recurrent syncope or dizziness and 2 reported on TIA related to PC. All were symptomatic under antiplatlet , lipid lowering and antihypertensive agents. All underwent either CTA or MRA before intervention. All procedures were undertaken under awake status; 5/7 via the femoral approach , and 2/7 via the ipsilateral radial approach. All procedures performed using regular coronary interventioal equipment.
Results: One mid basilar (90%), and 6 V4 vertebral narrowing (70-80%) were treated. One pts had left sided tandem lesion in V2 and V4 segment and other had bilateral V4 significant lesions. 5/7 intracranial vertebral narrowing were treated by DES, whereas basilar lesion and type C V4 lesion were treated initially by balloon only, adopting the submaximal angioplasty approach. All procedures were technically successful. Post dilatation residual narrowing was 10% for stenting and 30-50% for balloon angioplasty. Dual antiplatelet was recommended for 1 year. During mean follow up of 4 moths no symptoms reoccur. CTA during follow up didn't show restenosis in the treated segments.
Conclusions: Safe and beneficial endovascular therapy in symptomatic pts with intra cranial PC narrowing's can be handled by experience interventional cardiologists.