Endovascular Stroke Treatment Supported by *syngo* Neuro PBV IR*

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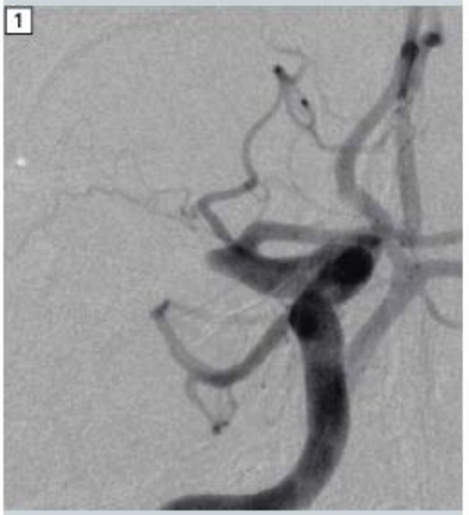
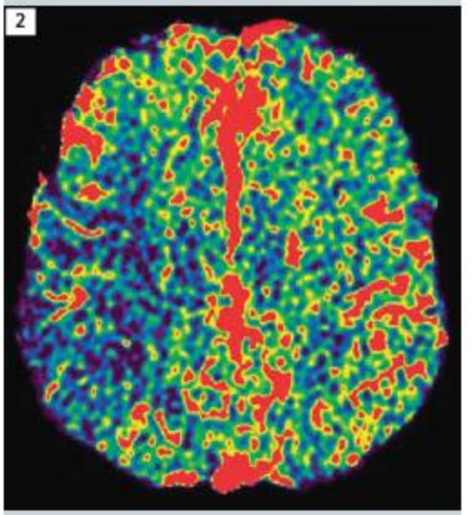
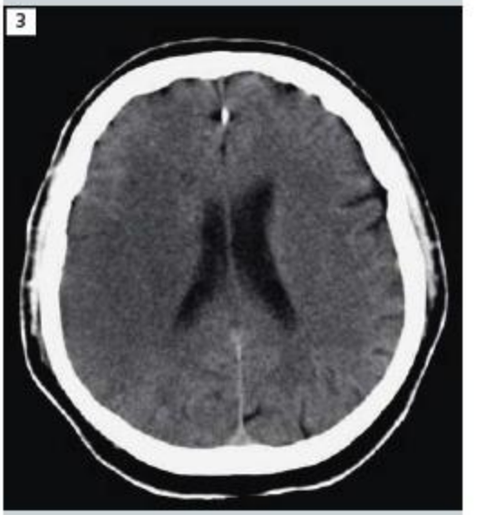


1 2D DSA shows occluded right MCA.



2 *syngo* Neuro PBV IR shows clearly the large lesion in the territory of right MCA.



3 CT follow-up after 24 hours shows the stroke demarcation which matches well with the CBV lesion shown in *syngo* Neuro PBV IR (Fig. 2).

Patient history

A 56-year-old male was admitted because of acute onset of stroke symptoms with high grade hemiparesis on the left. CT could rule out hemorrhage. CT angiography revealed right middle cerebral artery (MCA) occlusion. CT perfusion failed because of movement of the patient during acquisition. The patient was transferred for neuro-interventional treatment to the angio suite.

Diagnosis

Acute occlusion of the right middle cerebral artery (MCA) followed by stroke.

Treatment

After 60 minutes, using several different devices, recanalization could not be achieved. *syngo* Neuro PBV IR was used for monitoring of brain viability. A large CBV/Neuro-PBV lesion occupying the central region was obvious. Treatment was terminated because the neuroradiologist had the impression that recanalization could not be achieved and the lesion indicated that a large stroke could no longer be reversed. Further attempts would increase the risk of hemorrhage. This case demonstrates the possibility to monitor a procedure and to change the treatment strategy if obviously further treatment is without benefit and risky for the patient.

*Future 510(k). The information about this product is being provided for planning purposes. The product requires 510(k) review and is not commercially available in the U.S.