

syngo DynaCT provides essential information during thrombectomy procedures and supports decision-making on treatment strategy.

Courtesy of

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Supported by syngo DynaCT

System & Software
Artis Q biplane VD10
syngo X Workplace VC10

Case Description

Patient history

64-year-old male patient presented 4.5 hours after symptom onset with a right side paresis.

Diagnosis

Admission non-contrast CT showed a left dense MCA sign and initial ischemic signs of the left insular ribbon and lentiform nucleus (NCCT-ASPECTS 8). MDCTA (CT angiography) confirmed the MCA thrombosis and showed an additional proximal thrombosis of the left ICA, leading to high-grade stenosis.

Treatment

PTA of the proximal ICA with successive thrombectomy of the ICA and left M1 thrombosis.

After clot removal and before stenting of the ICA stenosis, a *syngo* DynaCT was performed.

syngo DynaCT images showed contrast extravasation in the basal ganglia and suspected blood in the dorsal putamen region.

Having seen the suspicious hemorrhagic lesion, it was decided to stop the treatment at that point and not proceed with ICA stenting and treatment of the patient with Aspirin and Plavix.

General comments

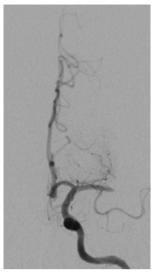
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PTA and mechanical thrombectomy for acute cerebral stroke supported by *syngo* DynaCT

Acquisition protocol	20sDCT Head 109 kV
Injection protocol	
Contrast medium (CM)	No contrast
Reconstructions	Primary
Name	DynaCT Body Nat Fill HU Normal
VOI size	Full
Slice matrix	512×512
Kernel type	HU
Image characteristics	Normal
Reconstruction mode	Nat fill
Viewing preset	DynaCT Body

Clinical Images



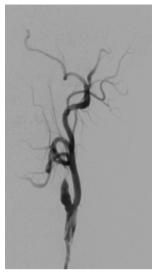


Figure 1: DSA scenes before thrombectomy show occlusions of ICA and MCA

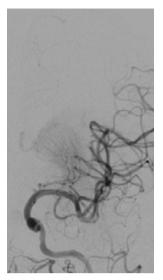




Figure 2: DSA scenes after PTA and thrombectomy of ICA and MCA

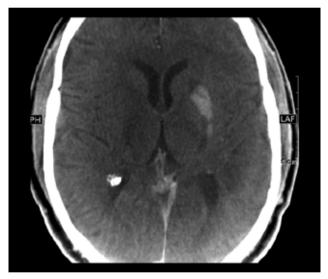


Figure 3: Axial MPR 3 mm shows contrast medium extravasation in the putamen

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