

# 두개내동맥협착을 동반한 진행성 뇌경색 환자의 스텐트 삽입술



김창현<sup>1</sup>, 최대섭<sup>2</sup>

<sup>1</sup>경상대학교 의과대학 신경과학교실 <sup>2</sup>경상대학교 의과대학 영상의학과교실

## Intracranial stenting for ICAS in patients with progressive stroke

Chang Hun Kim<sup>1</sup>, Dae Seop Choi<sup>2</sup>

<sup>1</sup>Department of Neurology, School of Medicine, Gyeongsang National University

<sup>2</sup>Department of Radiology, School of Medicine, Gyeongsang National University

Intracranial atherosclerotic stenosis (ICAS) is one of the major causes of ischemic stroke and particularly prevalent in Asian population. Patients with underlying ICAS have a higher risk of early neurological deterioration or recurrent stroke. Furthermore, ICAS can be a main cause of refractory occlusion after intra-arterial mechanical thrombectomy in patients with acute ischemic stroke. Intracranial stenting is one of the treatment option to prevent a recurrent stroke in patients with ICAS and provide emergent re-vascularization in the setting of hyperacute stroke. However, the result of SAMMPRIS failed to show a benefit of intracranial stenting that the rate of recurrent stroke and periprocedural risk is higher in the stenting group compared with the best-medical treatment group. Meanwhile, many reports has demonstrated that intracranial stenting is still a good alternatives for acute stroke patients with ICAS who are medically intractable. SAMMPRIS trial did not include patients with hyperacute stroke which means optimal treatment for ICAS in patients with acute ischemic stroke or progressive stroke remains unclear. We described that the feasibility and safety of intracranial stenting for acute stroke patients with underlying ICAS who showed neurological deterioration during hospitalization.

**Key Words:** Intracranial atherosclerosis, Stenting, Progressive stroke

Chang Hun Kim

Department of Neurology, Gyeongsang National University Hospital  
79, Gangnam-ro, Jinju-si, Gyeongsangnam-do, 52727, Korea

Tel: +82-55-750-9597

E-mail: honey0407@naver.com