(P3) Carotid T occlusion stroke. A proposal of a multidisciplinary microvascular study

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**Background:** It has well known from the recent years that the identification of the occlusive pattern in the acute phase of stroke, as can be made by TCCS, gives prognostic information. One of the worse prognoses is associated with carotid T-type occlusion and the response to recanalization strategies is very poor.

**Methods:** In the population admitted to Stroke Unit, we evaluated the occlusive pattern in the acute phase by ultrasound examination of SupraAortic Trunks and TCCS with UCA for perfusional examination. T occlusion was diagnoses according to the literature criteria and in a few cases the neurosonological diagnosis was confirmed by neuroradiological techniques, like as CTA or DSA. In a very small sample of these patients also perfusional CT was performed and data on main parameters were compared between perfusional ultrasound study and neuroradiological study.

**Results:** The treatment of this subgroup is not a goal of our work, but with conventional treatment only two patients achieved a complete recanalization at one hour from the treatment. Perfusional parameters were more markedly impaired in the affected hemisphere in all patients who died than in survivors with both techniques and no recanalization was found in the former unless a partial and late reperfusion.

**Conclusion:** TCCS in the acute phase of stroke can help to predict prognosis and the perfusional data can improve the reliability of these information, but the comparison with other perfusional techniques can be useful in order to define the role of this tool and therefore we propose to follow this way for the future.

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(P4) The correlation between carotid artery atherosclerotic ultrasonographic findings with middle cerebral artery infarction subtype and localization

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**Aim:** To evaluate atherosclerotic changes in carotid arteries (CA), the clinical competence of ultrasonographic (US) evaluation data for detecting Middle Cerebral Artery (MCA) infarction subtype and main pathogenetic factors.

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(P5) Urgent assessment of Transient Ischemic Attacks (TIA): the “Day-TIA”- Italian pilot study

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**Background:** TIA precedes about 15% of strokes and represents a special opportunity for prevention. Its management in clinical practice is often suboptimal. We aims to evaluate the effects (stroke rates compared to expected ones on ABCD2 score risk levels) of urgent assessment of patients with presumed TIAs in the setting of a neurovascular unit.

**Methods:** We followed a management pathway according to the risk score and the timing of TIA (index event) and studied prospectively a cohort of consecutive patients presenting with TIA to the emergency department and therefore sent to neurologist’s attention. All patients underwent to protocol evaluation that included clinical neurological assessment, brain imaging with unenhanced CT; duplex ultrasonography