

Good neurological outcome after late decompressive craniectomy: a case report

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Background

Several studies have demonstrated that the decompressive craniectomy (DC) after ischemic stroke doesn't reduce mortality but there is much controversy regarding timing of craniectomy when performed to improve the neurological outcome.

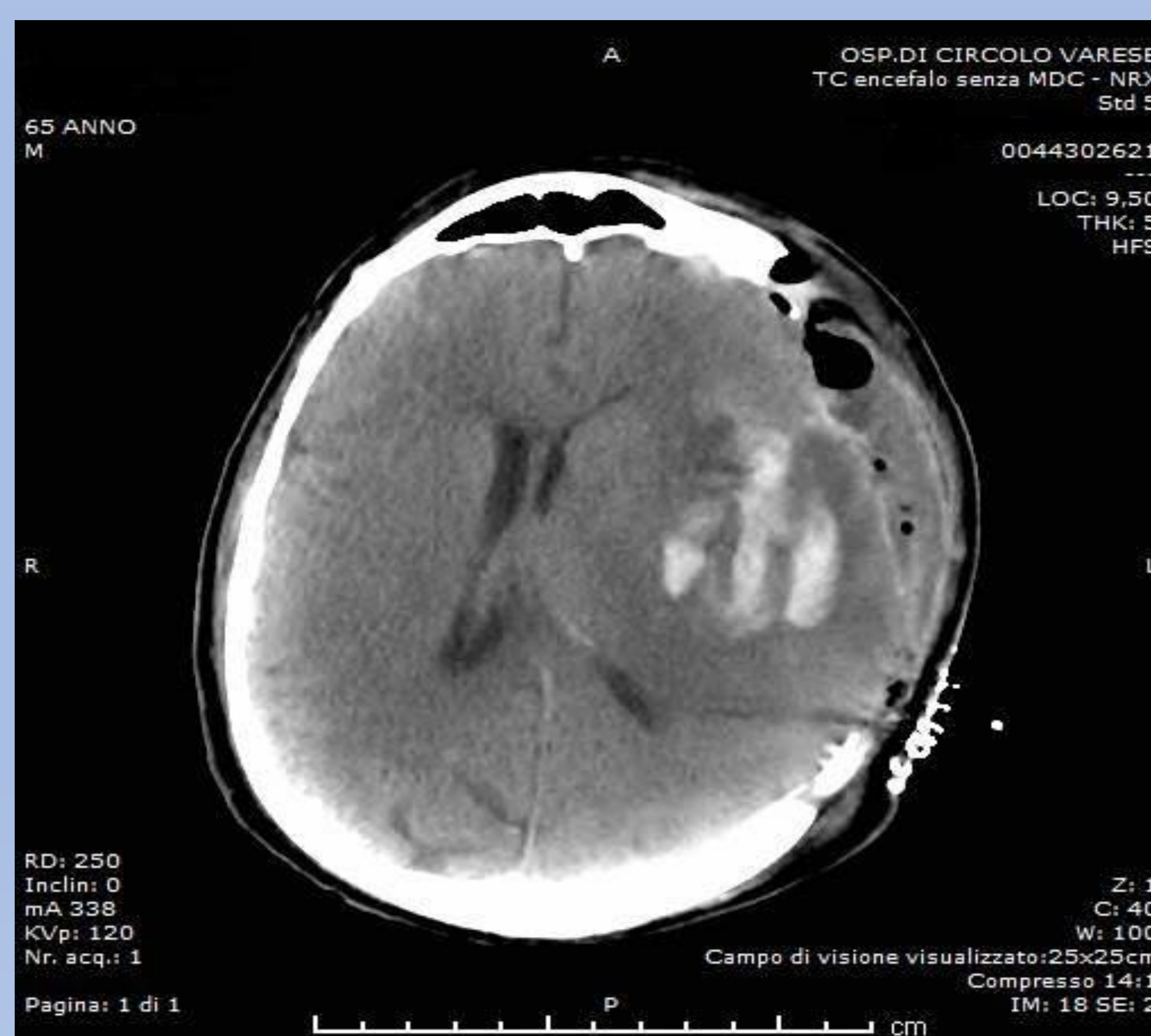
Case report:

A 65-year-old patient presented to our Emergency department with signs and symptoms of a left stroke. Brain CT scan detected an **ischemic stroke with left middle cerebral artery (MCA) occlusion**. Prompt, successful mechanical thrombectomy was performed, but it was **complicated by a hemorrhagic focus** in the following hours. **DC was performed more than 48 hours after onset of the stroke**.

Serial cerebral CT scans showed progressive remission of the edema and reduction of the hemorrhage. The patient was discharged from the Neuro-ICU in the 14th day to the Neurology Division with further neurological improvement: **execution of simple and complex orders, paresis only of the right arm**.

Conclusion:

The outcome of DC performed after 48 hours in patients with malignant MCA infarct was not worse than the commonly reported outcome of DC performed within 48 hours. **A delay of more than 48h before DC should not be considered as an absolute contraindication to this procedure.**



- Goedemans, Verbaan, Coert et al Outcome After Decompressive Craniectomy for Middle Cerebral Artery Infarction: Timing of the Intervention Neurosurgery. 2020 Mar 1;86(3):E318-E325
- Badea, Olaru, Ribigan et al Decompressive Craniectomy: the Right Call at the Right Moment Maedica (Bucur). 2020 Mar; 15(1):129–133