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**EVOLIUCINĖ MEDICINA:
ŽMOGAUS RAIDOS PERSPEKTYVOS IR SVEIKATA
BESIKEIČIANČIOJE APLINKOJE**

**EVOLUTIONARY MEDICINE:
PERSPECTIVES ON HUMAN DEVELOPMENT AND HEALTH
CONSEQUENCES IN A CHANGING ENVIRONMENT**

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CLINICAL OUTCOMES OF ENDOVASCULAR TREATMENT IN BASILAR ARTERY OCCLUSION STROKE: MECHANICAL THROMBECTOMY ALONE VERSUS BRIDGING THERAPY

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Background and Aim: Basilar artery occlusion (BAO) is a severe acute ischemic stroke associated with high morbidity and mortality. Although intravenous thrombolysis (IVT) is recommended when eligible, regardless of planned mechanical thrombectomy (MTE), evidence in BAO stroke remains limited, and bridging therapy (BT) may increase symptomatic intracranial haemorrhage risk (sICH). This study evaluated the efficacy and safety of MTE alone compared with BT.

Materials and Methods: This single-centre retrospective study included patients treated for BAO stroke between 2019 and 2024. BT was defined as IVT followed by MTE. Efficacy outcomes were 24-hour NIHSS change and successful recanalization (TICI 2b–3). Safety outcomes included sICH and in-hospital mortality. Subgroup analyses were performed by sex, treatment within 4.5 hours, and stroke severity on admission.

Results: A total of 63 patients were included; mean age was 71.0 ± 12.2 years, 33 were female. IVT was administered to 21 patients, while 40 patients underwent MTE alone. MTE alone and BT did not differ significantly in 24-hour NIHSS change ($p=0.334$), successful recanalisation ($p=1.000$), sICH ($p=1.000$), or in-hospital mortality ($p=0.378$). Subgroup analyses by sex, treatment within 4.5 hours, and stroke severity on admission (NIHSS <10 and NIHSS ≥ 10) showed no significant differences. In adjusted regression, treatment strategy was not independently associated with NIHSS change ($p=0.853$), mortality ($p=0.390$), or sICH ($p=0.675$). Stroke severity was independently associated with greater 24-hour NIHSS improvement ($p=0.001$). No independent predictor of sICH or in-hospital mortality was identified.

Conclusions: In this cohort of BAO stroke patients, BT did not demonstrate superior efficacy or increased safety risk compared with MTE alone. Baseline stroke severity was the main independent determinant of early neurological improvement. Further multicenter prospective study is warranted to define the best strategy of reperfusion treatment in BAO stroke

Keywords: basilar artery occlusion, bridging therapy, ischemic stroke, mechanical thrombectomy, reperfusion