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#### QUALITIES OF LIFE HEALTH

## A weapon against stroke

Until now, only medicine could help open fragile brain passages, but now there is hardware

By **Dan Dinello**

Special to the Tribune

Published January 22, 2006

"I couldn't get my words out, I was mumbling," said Esther Kornel, a Lincolnwood clinical psychologist. She was having a transient ischemic attack, a mild stroke that warns of future danger. "I was afraid I might have a real stroke at any time," said Kornel, 77.

Without treatment, 35 percent of those enduring a TIA, whose symptoms might include blurred vision, paralysis, dizziness or severe headache, later will suffer a stroke, the leading cause of long-term disability and the No. 3 killer behind heart disease and cancer.

Kornel's stroke symptoms were caused by a 50 percent narrowing of a cranial artery, evidence of intracranial atherosclerotic disease, which inhibits blood flow to the brain. Until now, blood thinners were the only defense against an ICAD stroke. For Kornel and patients like her, this medication often failed. But a new surgical remedy now is available.

"Current medicinal treatment is just not good enough," said Dr. Demetrius Lopes, an endovascular specialist at Rush University Medical Center. Among the first in the nation to use the new Wingspan Stent System, Lopes believes this surgical treatment will reduce the 60,000 strokes caused by ICAD. "Out of all the developments in vascular therapy," he said, "only this landmark technology will actually open the clogged brain vessel."

The flexible Wingspan Stent, made by Boston Scientific and approved by the Food and Drug Administration last August, revolutionizes neurovascular stent surgery.

"Cranial blood vessels are more fragile and tortuous to navigate because of their many twists and turns," Lopes said. Because of this, the inflexible stainless-steel stents used to prop open clogged heart arteries do not work

well in the brain. This new brain stent, made of a nickel and titanium alloy called nitinol, can curve or taper and reach areas of the brain that could not be treated surgically before.

"The Wingspan Stent has the potential to greatly reduce strokes caused by intracranial atherosclerosis," said Dr. L. Nelson Hopkins, an expert in cranial stents and chairman of the department of neurosurgery at the State University of New York at Buffalo, where Lopes trained. Hopkins describes his former student as "the future of neurosurgery."

"My grandfather died of heart failure due to arteriosclerosis, and my father inspired me to get into neurosurgery and work in the same area as him," said Lopes, whose father, Nilo, now is chairman of neurosurgery at Lutheran University of Brazil.

After determining that Kornel's condition qualified for the procedure, Lopes performed the Wingspan stent surgery on her in early December.

Remarkably, the brain stent is inserted through a tiny incision in her upper thigh that accesses the entire blood-vessel tree. Guided by a three-dimensional image of Kornel's brain and software simulation of his movements, Lopes first steers a hair-thin, hollow guide-wire from the thigh incision entrance, through her body's arterial subway and slightly past the target area in her brain.

Using the guide-wire like a rail, he navigates a micro-balloon catheter to the plaque blockage, then expands the balloon to crack the plaque. After quickly withdrawing the deflated balloon, Lopes maneuvers the Wingspan Stent, a micro-thin, sheathed, nitinol-mesh tube, to the narrowed spot in the brain. When the sheath is removed, the stent self-expands to gently enlarge the artery. "This will provide for long-term opening of that vessel and allow healing to happen," Lopes said. New normal tissue will grow on the micro-mesh stent, like a grapevine on a fence.

"I had no pain or aches or discomfort during the procedure, and I was fit and well after," said Kornel, who remained awake, though sedated, for the 90-minute surgery. She was monitored in intensive care overnight and sent home the next morning. Her previously blocked artery was now passing blood at 90 percent of original capacity. She will be checked every six months.

Another of Lopes' recent brain-stent patients, Bolingbrook horticulturist Enriquito DeGuzman, 65, also reported a fast recovery. "My dizziness disappeared and my headaches are gone," he said. "I am much better."

Despite the surgery's relative non-invasiveness and safety, cranial stent surgery should not be taken lightly. Recent studies show that complications, occasionally including stroke, result in 8 percent of the cases. A potential patient must weigh the risks against the benefits.

As with any new medical technology, the Wingspan Stent System needs extensive, long-term examination; nevertheless, recent studies are very encouraging. "They show a 5 percent to 8 percent decrease in the stroke rate," Lopes said, "and that's very significant."

But even more significant to Lopes is the improvement to his patients' quality of life. "After a TIA, people live in fear, never knowing if a stroke will happen. After the procedure, they no longer worry. . . . They are definitely happier."

The cost of the Wingspan Stent treatment is about \$60,000, covered by some private insurers. For now, only Rush University Medical Center and Central DuPage Hospital do Wingspan Stent surgery in the Chicago area.

For more information, call the Rush physician-referral line at 888-352-7874.

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