Modified treatment in cerebral ischaemia score

The modified treatment in cerebral infarction (mTICI) score was developed from the original Thrombolysis in Cerebral Infarction (TICI) scale by a consensus group in 2013 ¹⁾.

The recommendations included a name change to better reflect the increasing use of endovascular therapy for stroke, and simplification of the TICI 2 component to less than half of the target vascular territory (mTICI 2a) or more than half (mTICI 2b).

Complete or near-complete reperfusion (modified Thrombolysis in Cerebral Ischemia (mTICI) score of 2 c/3) is associated with improved outcomes compared with partial recanalization (mTICI 2b).

Classification

grade 0: no perfusion

grade 1: antegrade reperfusion past the initial occlusion, but limited distal branch filling with little or slow distal reperfusion

grade 2

grade 2a: antegrade reperfusion of less than half of the occluded target artery previously ischemic territory (e.g. in one major division of the middle cerebral artery (MCA) and its territory)

grade 2b: antegrade reperfusion of more than half of the previously occluded target artery ischemic territory (e.g. in two major divisions of the MCA and their territories)

grade 3: complete antegrade reperfusion of the previously occluded target artery ischemic territory, with absence of visualised occlusion in all distal branches

A review of scoring systems for flow restoration after endovascular revascularisation ²⁾ observed that some authors had proposed a further modification with the introduction of a "grade 2c" ³⁾ ("near complete perfusion except for slow flow or distal emboli in a few distal cortical vessels"), but that this had not yet reached consensus approval.

1)

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3)

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