

Thrombolysis in cerebral infarction (TICI) scale

The [thrombolysis](#) in [cerebral infarction](#) (TICI) grading system was described in 2003 by Higashida et al.¹⁾ as a tool for determining the response of [thrombolytic therapy](#) for [ischemic stroke](#). In neuro-interventional radiology it is commonly used for patients post endovascular revascularization. Like most therapy response grading systems, it predicts prognosis.

Classification

The original description²⁾ was based on the angiographic appearances of the treated occluded vessel and the distal branches:

Grade 0: no perfusion

Grade 1: penetration with minimal perfusion

Grade 2: partial perfusion

Grade 2A: only partial filling (less than two-thirds) of the entire vascular territory is visualized

Grade 2B: complete filling of all of the expected vascular territory is visualized but the filling is slower than normal

Grade 3: complete perfusion

In 2013 Fugate et al. reported marked variability in its definitions and application^{3) 4)}

A consensus paper from three collaborative groups published in Stroke in 2013⁵⁾ recommended a modified scale, and a change of name from Thrombolysis in Cerebral Infarction to modified Treatment in Cerebral Infarction (mTICI), to better reflect the increased use of endovascular therapies.

References

¹⁾ , ²⁾

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³⁾

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⁴⁾ , ⁵⁾

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