Recurrent patients had significantly better neurologic outcomes than nonrecanalized patients, said Dr. Budzik, a neuroradiologist and codirector of interventional neuroradiology at Riverside Methodist Hospital, Columbus, Ohio. Attempts to treat occlusions of the terminal internal carotid artery bifurcation with intraarterial thrombolysis, stents, or mechanical thrombectomy with the Merci (Mechanical Embolus Removal in Cerebral Ilaemia) trial. The trial investigated the safety and efficacy of the Merci retriever for opening occluded intracranial large vessels with 8 hours of the onset of stroke symptoms in a prospective, nonrandomized, multicenter trial. Safety and efficacy results of the trial are currently being analyzed.

Twelve patients with carotid terminus lesions (60%) were successfully recanalized following clot retrieval alone, and 14 patients (70%) achieved vessel patency when adjunctive therapies were added. Successful recanalization was defined as final Thrombolysis in Myocardial Infarc-
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**Mechanical embolectomy is the treatment of choice for stroke caused by internal carotid terminus lesions.**

Dr. Budzik. “These are very bad strokes with high mortality rates of 40%-65% without treatment.”

**A clot in the internal carotid terminus impairs blood flow before it is removed.**

**MERCI Trial**

The MERCI trial included 141 patients with intracranial occlusions who underwent mechanical embolectomy between 2001 and 2003 using the X5 and X6 first-generation Merci Retriever Devices (Stroke 2003;36:1432-8). These devices received Food and Drug Administration approval in August 2004 for removing clots from the cerebral arterial system in patients with stroke. Results of the more recent Multi-MERCI (MERCI II) and MIRA-LX/L6 second-generation Merci devices, have not yet been published.

The LX/L-5, a single-use device, has been approved by the FDA as a foreign body retriever, and the LX/L-6 has been submitted for approval.