These experiences seem to show that fibrinolytic treatment must be performed within 10 days after the onset of symptoms and that the principle role of fibrinolytic treatment in human cases depends upon the improvement of cerebral microcirculation rather than direct thrombolytic activity.

7. Surgical Treatment for Intracranial Thrombosis

—Case Report of "Durapexia"—

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The experimental results of treatment, which implanted the autogenious dura flap into the ishemic brain following intracranial thrombosis, were reported in the previous meeting. At the meeting, a case of the cerebral arterial thrombosis treated by this operation was reported and discussed about the results of surgical therapies.

A six year-old unconscious girl was admitted on 15, Nov. 1963. On the third day of admission, her conscious recoverd to drowsy but had aphasia and right hemiplegia with Babinski sign and Hoffman reflex. Bilateral percutaneous carotid angiography was performed under general anesthesia. The left side injection revealed complete obstruction of the middle cerebral artery and pericallosal arteay (Fig. 1).

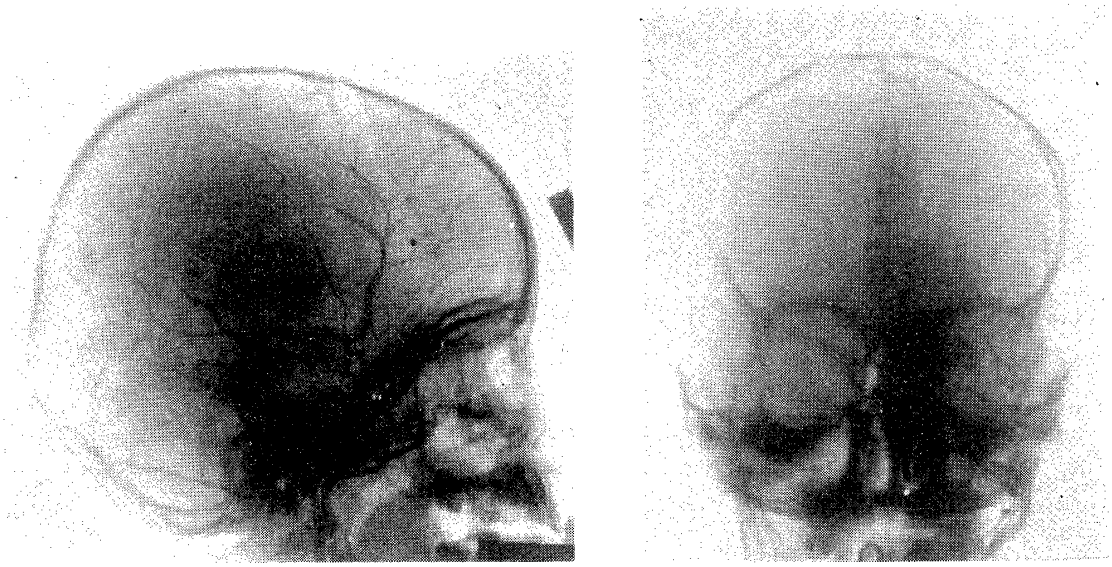

Fig. 1.

Fig. 2.

On 29, Nov. 1963, left front-parietal craniotomy was performed. The dura flap (3×6 cm) which contained meningial artery was prepared from the autogeneous dura and it was inserted into the ishemic brain.

On 20, Jan. 1964, she could walk and speak (Fig. 2). The left percutaneous carotid angiography revealed the collateral vascularization of the ishemic brain from meningial artery in spite of the thrombosis spread to just above the left carotid siphon (Fig. 3).

According to the result of the case, it is that the operative procedure called "Durapexia" was usefull for the intracranial thrombosis.

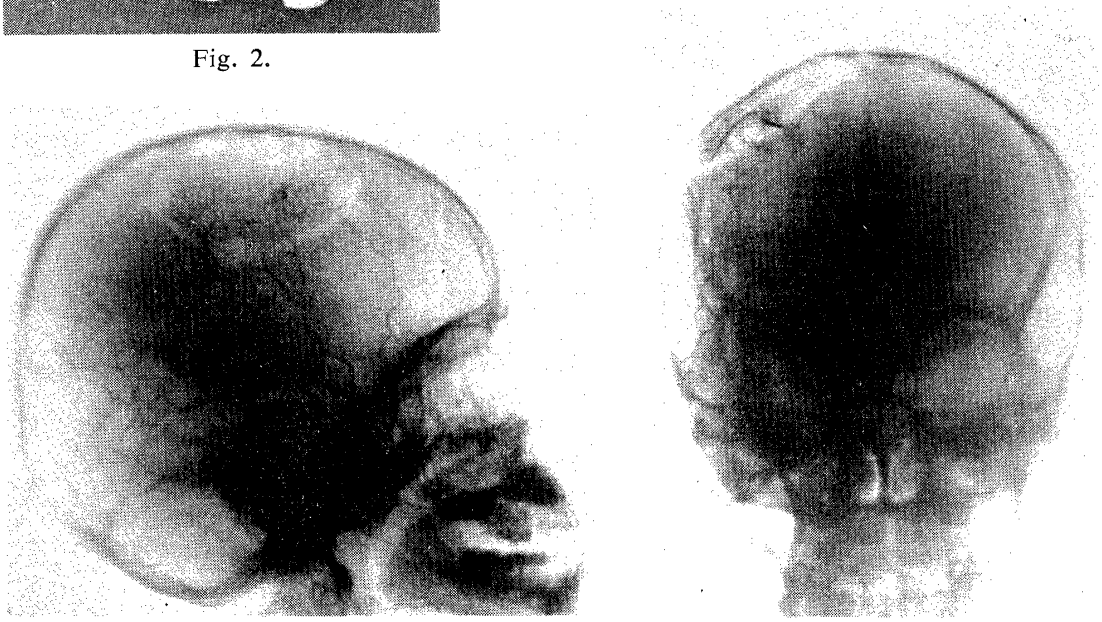

Fig. 3.