

Vertebrobasilar Insufficiency in the Old Ages

Behzad Saberi*

Medical Research, Iran

Mini Review

ISSN: 2578-0093



***Corresponding author:** Behzad Saberi,
Medical Research, Iran

Submission:  October 19, 2020

Published:  February 16, 2021

Volume 6 - Issue 4

How to cite this article: Behzad Saberi. Vertebrobasilar Insufficiency in the Old Ages. Gerontol & Geriatric stud. 6(4). GGS. 000644. 2021.
DOI: [10.31031/GGS.2021.06.000644](https://doi.org/10.31031/GGS.2021.06.000644)

Copyright@ : Behzad Saberi, This article is distributed under the terms of the Creative Commons Attribution 4.0 International License, which permits unrestricted use and redistribution provided that the original author and source are credited.

Vertebrobasilar insufficiency clinical diagnosis is based on the presence of two or more of the certain signs and symptoms like homonymous hemianopsia, dysarthria, diplopia and motor or sensory symptoms or both of them. Occipital cortex ischemia causes homonymous hemianopsia and lower brainstem ischemia causes dysarthria while upper brainstem ischemia causes diplopia. Dizziness, drop attack, dysarthria, diplopia and visual defect are commonly seen in vertebrobasilar insufficiency [1]. Vertebral artery occlusion at the atlas-axis level may cause vertebrobasilar insufficiency during turning the head. In the patients with vertebrobasilar insufficiency, positional changes may cause dizziness which is episodic and transient in nature [2].

Brainstem perforators occlusion due to atherosclerosis, ulcerations which cause embolism development and hemodynamic insufficiency lead to appearance of the vertebrobasilar insufficiency symptoms. The estimation of stroke occurrence in vertebrobasilar insufficiency setting is about twenty-two to thirty-five percent during a five-year period. There are two treatment strategies for vertebrobasilar insufficiency including medical and surgical ones. Medical treatment will be done by using anticoagulants. Vertebral artery transposition to the internal carotid artery, vertebral endarterectomy and extracranial-intracranial bypass grafting which would be grafting the occipital artery to the posterior inferior cerebellar artery, are the surgical treatment strategies for vertebrobasilar insufficiency [3,4]. Also, by performing posterior atlantoaxial arthrodesis, it may be possible to prevent the occurrence of serious cerebrovascular accidents. It is important for the health care professionals to have enough knowledge about the vertebrobasilar insufficiency to manage the patients with this pathology better during clinical practice.

References

1. Neto ACL, Bittar R, Gattas GS, Shu EBS, Oliveira ML, et al. (2017) Pathophysiology and diagnosis of vertebrobasilar insufficiency: A review of the literature. *Int Arch Otorhinolaryngol* 21(3): 302-307
2. Caplan LR (2003) Atherosclerotic vertebral artery disease in the neck. *Curr Treat Options Cardiovasc Med* 5(3): 251-256.
3. Kocak B, Korkmazer B, Islak C, Kocer N, Kizilkilic O (2012) Endovascular treatment of extracranial vertebral artery stenosis. *World J Radiol* 4(9): 391-400
4. Caplan L, Chung CS, Wityk R, Glass T, Tapia J, et al. (2005) New England medical center posterior circulation stroke registry: I. Methods, data base, distribution of brain lesions, stroke mechanisms, and outcomes. *J Clin Neurol* 1(1): 14-30

For possible submissions Click below:

[Submit Article](#)