

1 **Abstract**

2 Mechanical thrombectomy (MT) is a standard treatment for acute ischemic stroke  
3 that could cause hemorrhagic complications. We aimed to evaluate the pathology of MT-  
4 induced arterial damage and neurovascular unit (NVU) disruption in relation to tissue-  
5 type plasminogen activator (tPA) injection for acute ischemic stroke. We induced  
6 transient middle cerebral artery occlusion in male SHR/Izm rats for 2 hours. This was  
7 followed by reperfusion with/without tPA (3 mg/kg) and “rough suture” insertion that  
8 mimicked MT once or thrice (MT1 or MT3). Compared with the control group, the  
9 tPA+MT3 group presented with an increase in the cerebral infarct and hemorrhage with  
10 severer IgG leakage. Moreover, structural damage reaching the tunica media was detected  
11 in the MT3 and tPA+MT3 groups. The tPA+MT3 group presented with increased matrix  
12 metalloproteinase-9 (MMP-9) and vascular endothelial growth factor (VEGF) expression  
13 with some MMP9-positive cells expressing a neutrophil marker myeloperoxidase.  
14 Furthermore, basal lamina detachment from astrocyte foot processes was observed in the  
15 tPA+MT1 and tPA+MT3 groups. These findings suggest that MT causes direct arterial  
16 damage, as well as VEGF and MMP9 upregulation, which results in NVU disruption and  
17 hemorrhagic complications in acute ischemic stroke, especially when combined with tPA.  
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