

MICRO NET - COVERED EMBOLIC PREVENTION STENT SYSTEM, C-GUARD STENT IN TANDEM CRITICAL RESTENOSIS OF INTERNAL CAROTID ARTERY AFTER ENDARTERECTOMY OF GRAFT AFTER 13 YEAR OF FOLLOW UP.

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CLINICAL CASE

A 76-year-old female patient with a history of ex-smoker with severe COPD, she had lung cancer treated by surgery 7 years ago and treated with chemotherapy and radiotherapy.

She had left internal carotid endarterectomy 13 years ago by neurological symptoms and ulcerated lesion.

She six months previous presented severe claudication, she had total occlusion of right iliac artery and sub occlusion of left iliac artery. She was treated percutaneously with stents.

She had dizziness and weakness in right limbs, in imaging studies are performed and she had on echocardiography critical lesions greater than 90%. CTMS is performed that evidences a critical lesion of left internal carotid internal (LICA) on graft, so we decided to perform a carotid angiography. Fig 1

In the angiography we show two lesions in tandem in the LICA on the graft.

This is symptomatic patient with critical restenosis of LICA after endarterectomy, with high surgical risk.

The femoral access was difficult due to the fact that it presents moderate to severe restenosis of the previous stents in the iliac vessels so that balloon angioplasty is performed, after which the neck vessels can be accessed. We used by femoral a direct approach with catheter guiding JR Boston Scientific, Boston, MA, USA, with magic torque wire, Boston Scientific, Boston, MA, USA, we crossing the LICA with 0.0014 "Runthrough, Terumo, Tokyo, Japan, we use a direct stenting with C-guard 7.0-x-40 mm Inspired MD®, Boston, MA, USA, then we post-dilate with compliant balloon angioplasty 5.0 mm atmosphere nominal value, Rujin, Terumo, Tokyo, Japan . Fig 2.

She had a good outcome and medicated with clopidogrel, aspirin and atorvastatin, she was discharge at 24 hours without compliance.

LEARNING POINTS OF PROCEDURE

In high-risk patients, carotid angioplasty is the treatment of choice.

The C-guard micro net stent is a stent that in these situations where a surgical graft has to be dilated and this may present tears, in this situation the partially covered stent can support.

Thrombi may be found on the plaque of the graft that could be contained and thus prevent acute embolization and in the next 48 hours where thromboembolic phenomena can occur.

This new technology has an excellent navigability which puts it at the forefront of all the situations that one can face in carotid angioplasty.

The carotid disease is a situation of maximum complexity that requires the articulation of a team with high experience in its treatment and technology of innovation in material to be used for the performance of effective procedures.

In high-experience centers, carotid angioplasty is a safe alternative for symptomatic patients, including patients with progressive stroke, as well as asymptomatic patients with indication for revascularization.

Figure 1. In the CTMS we can see two lesions critical on LICA.



Figure 2. a. In the angiography two critical lesions are observed on the graft. b. C-Guard stent is implanted directly. c. Post dilation is performed with a compliant balloon at nominal value. d. Good expansion of the stent is observed.

