TREATMENT OF INTERNAL CAROTID ARTERY OCCLUSION USING PROXIMAL CEREBRAL PROTECTION DEVICE.

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HISTORY AND PHYSICAL

Hypertension III, Diabetes mellitus II type, chronic smoker. 6 months ago first time in life felt weakness in the left extremities while blood pressure 200/120 mmHg.

IMAGING

Computed tomography - possible ischemia in the right parietal lobe. Ultrasound of extracranial arteries revealed stenosis of the right internal carotid artery to 80%. That time conservative tactic was performed. 4 month after (2 month before admission) - TIA (left hemiparesis, moderate locomotor ataxia). Control ultrasound - stenosis of the right internal carotid artery to 80%. Patient was prepared for revascularization and hospitalized for stenting the right internal carotid artery.

INDICATION FOR INTERVENTION

80% symptomatic stenosis of the right internal carotid artery.

INTERVENTION

On control angiography - short occlusion in the ostium of the right ICA. Recanalization and stenting of the right ICA using proximal cerebral protection device with good angiographic result was performed. Time compression of blood flow in the carotid artery - 12 minutes. On DWI MRI the day after operation - foci of increased MR signal in the brain substance is not revealed in DWI b mode = 1000. The patient was discharged on the 2nd day of the postoperative period.

Pic.1 – before the procedure

Pic.2 – after the procedure

LEARNING POINTS OF THE PROCEDURE

Recanalization of occlusion of the internal carotid artery until recently was an impossible task for interventional surgery due to the high risk of distal embolization. The invention and use of the proximal

cerebral protection device has changed the situation. However, there is no clear indication and contraindication for treatment of the internal carotid artery occlusion. You also need to pay careful attention to the diagnosis and imaging of carotid artery lesions before procedure, to avoid surprises arise, as in the present case. Occlusion of the internal carotid artery is not contraindication for carotid stenting. Careful selection of patients, conducting a complete preoperative examination and the correct choice of tactics and technique of procedure allows to obtain favorable results.