

TRANSRADIAL STENTING OF CAROTID ARTERY AND SIMULTANEOUSLY STENTING OF CORONARY ARTERY IN ACUTE CORONARY SYNDROME APPEARED DURING THE PROCEDURE

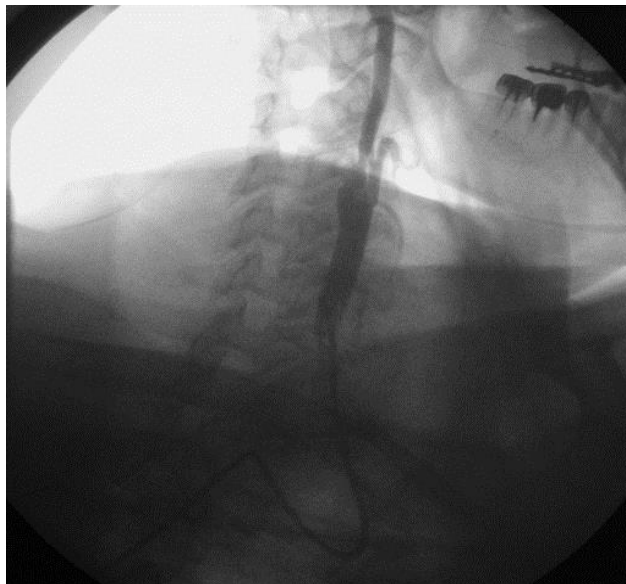
Timur Khafizov,¹, Radik Khafizov,²

¹ Republican Cardiological Center; Endovascular Methods of Diagnosis and Treatment; Intervention Radiologist, ² Republican Cardiology Center

HISTORY AND PHYSICAL

- A 59-years old male
- Risk factors: hypertension, former smoker, obesity, hyperlipidaemia
- Medical history: none
- Biological parameters: serum creatinin =8,7 mg/l
- Cardiac stress test: negative
- CT-angiography branches of aorta arch: right internal carotid artery severe (85%) stenosis

IMAGING



INDICATION FOR INTERVENTION

Right internal carotid artery severe (85%) stenosis

INTERVENTION

In the radial artery 6 Fr introducer set. We saw the same picture as a CT-angiography. Guiding catheter was placed in the right common carotid artery. We chose Precise stent 8x40 mm according to the size of the common carotid artery. The stent was placed. We used 5x20 balloon for postdilatation. In the next moment patient complained of the chest pain. We saw ST elevation in V1-V4. According to ECG and symptoms, was decided to make coronagraphy. We found LAD severe stenosis. LAD was stenting. During 20 minute patient's symptoms of acute coronary syndrome disappeared.

LEARNING POINTS OF THE PROCEDURE

We used transradial approach for carotid stenting and our example shows the possibility of successful treating of the complication appeared during the procedure from one transradial approach.