




A case of distal embolism during carotid stenting

Dr. Roberto Nerla – Dr. Fausto Castriota – Dr. Alberto Cremonesi
Maria Cecilia Hospital - Cotignola



LEARNING FROM THE PAST,
LIVING IN THE PRESENT, AND
PREPARING FOR THE FUTURE

Case presentation (2004..)

- 77 years old
- Symptomatic for recurrent TIAs
- Previous PCI to LAD
- Ultrasound : severe LICA stenosis, moderate soft component, relevant calcification

Sub Occlusive Stenosis



2018

Strategy:

- MOMA
- Double-mesh stent

2004

Strategy:

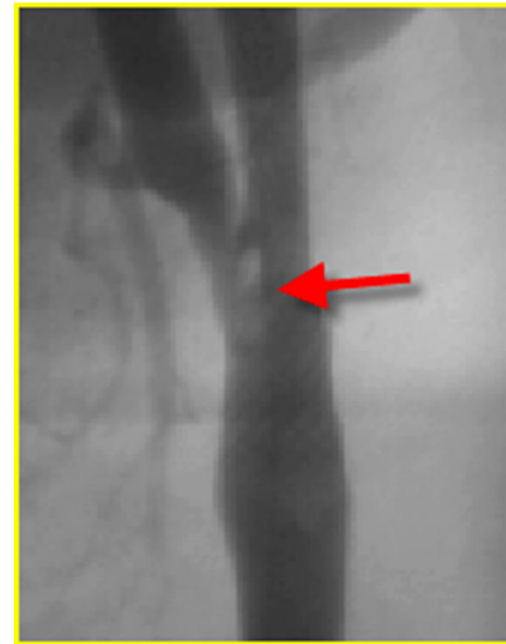
- Distal protection
- Direct stenting

Stent delivery and post-dilation

- AngioGuard 6 mm
- Carotid Wallstent 7/30
- 5.0/20 mm balloon

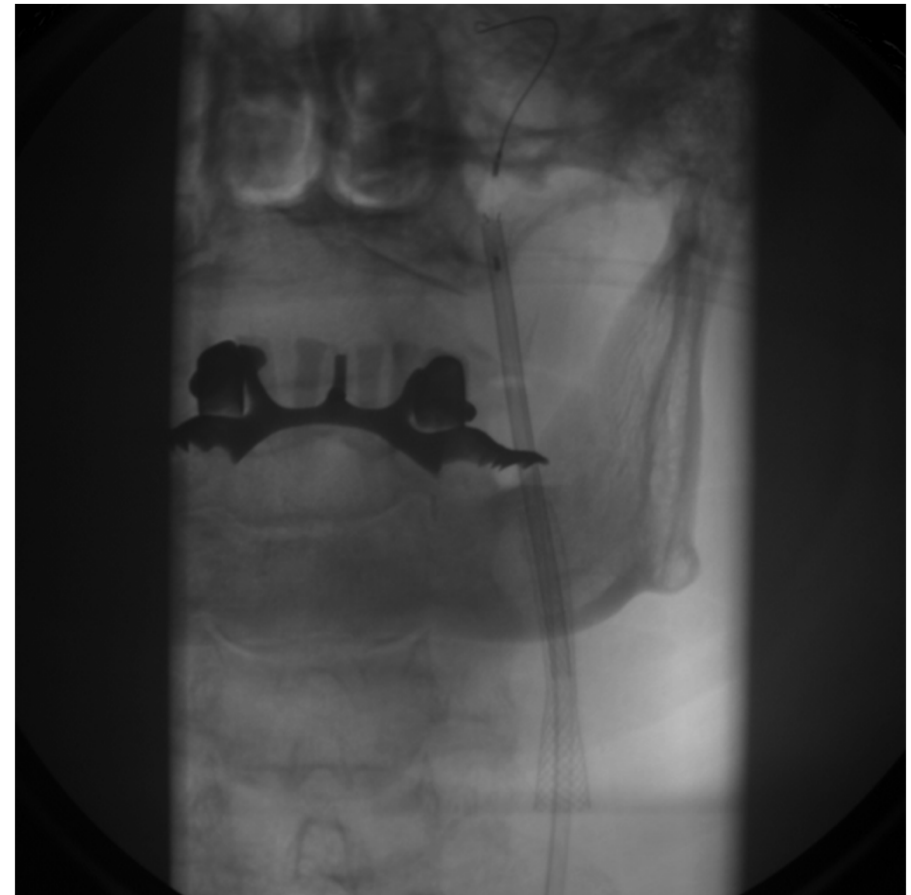
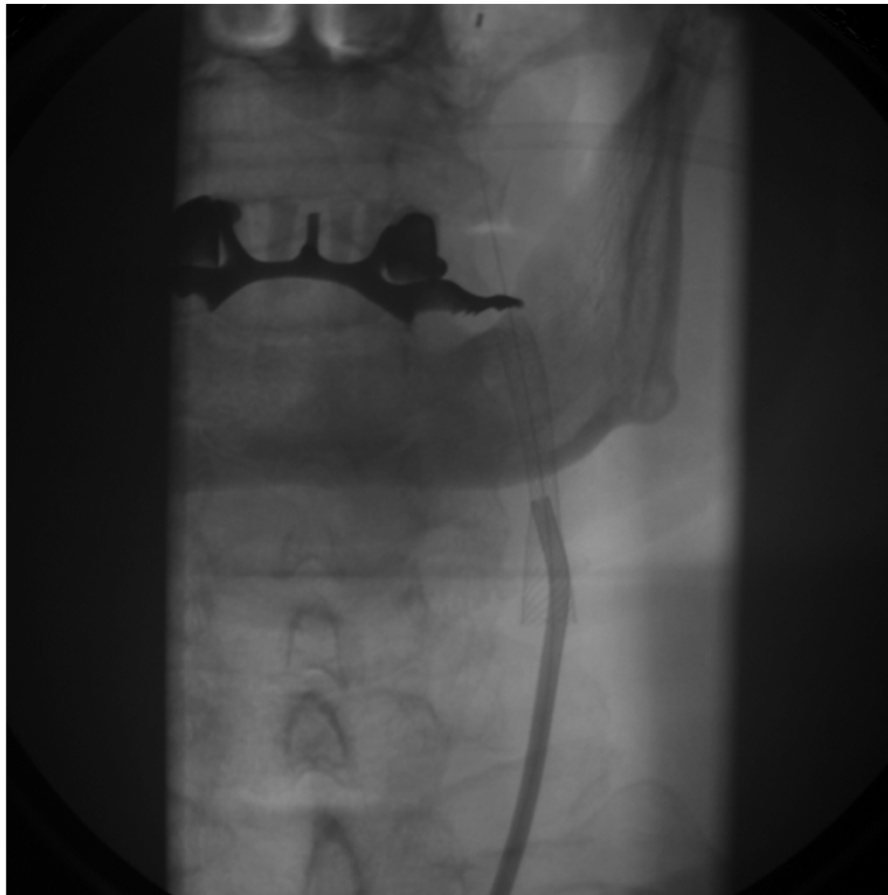


Plaque Prolapse



ACT 270 sec

Aspiration and filter retrieval

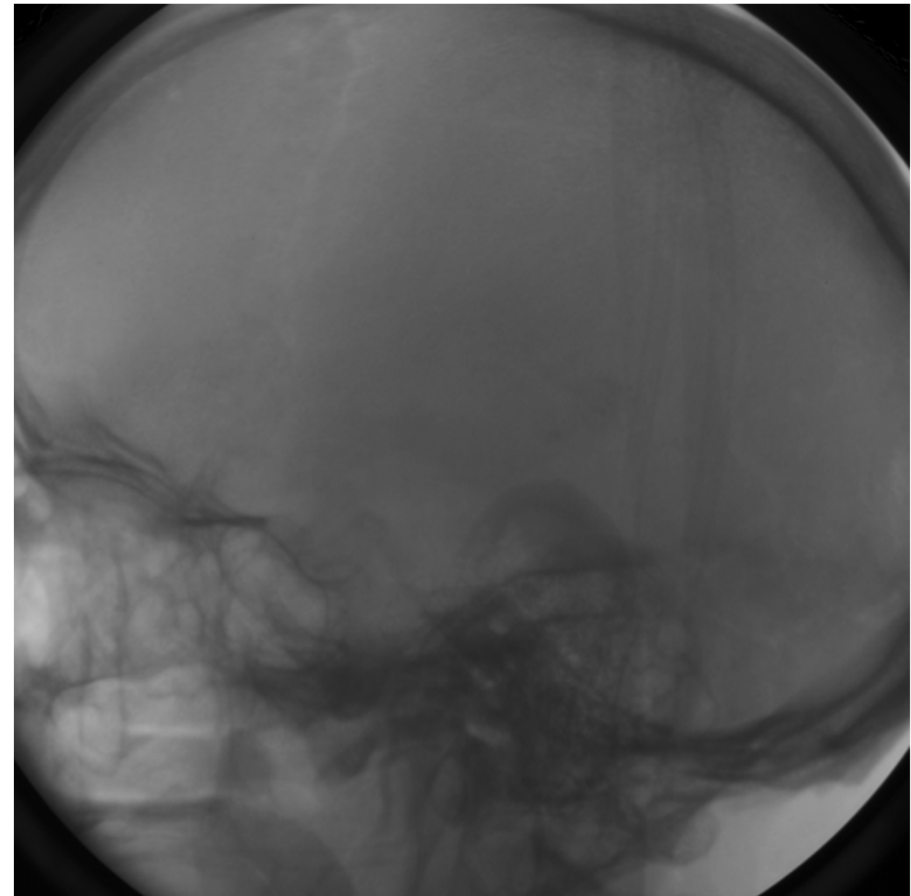
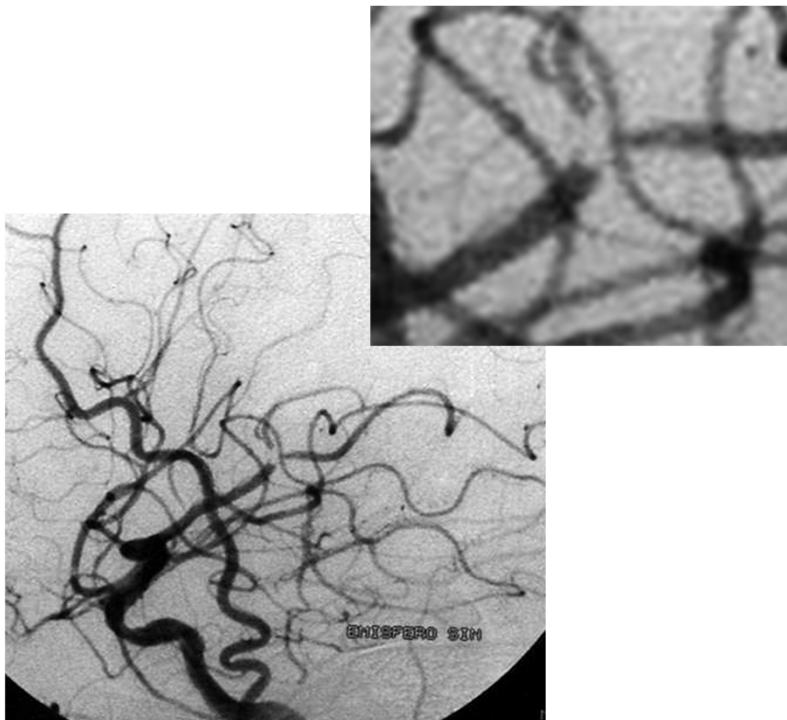


Final Result at the lesion site

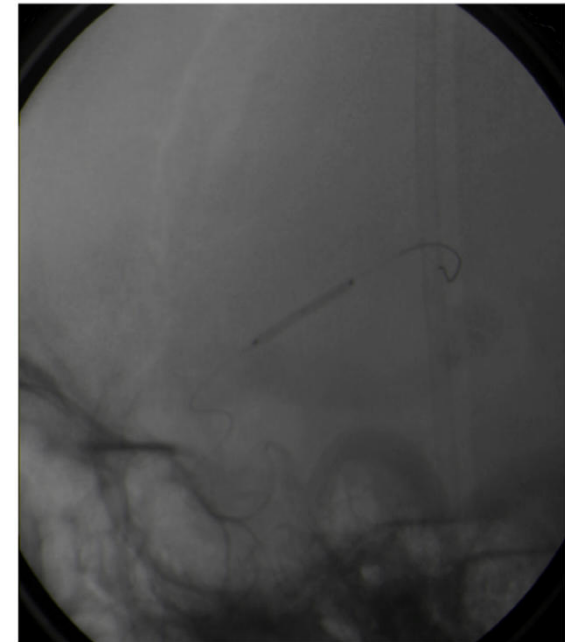
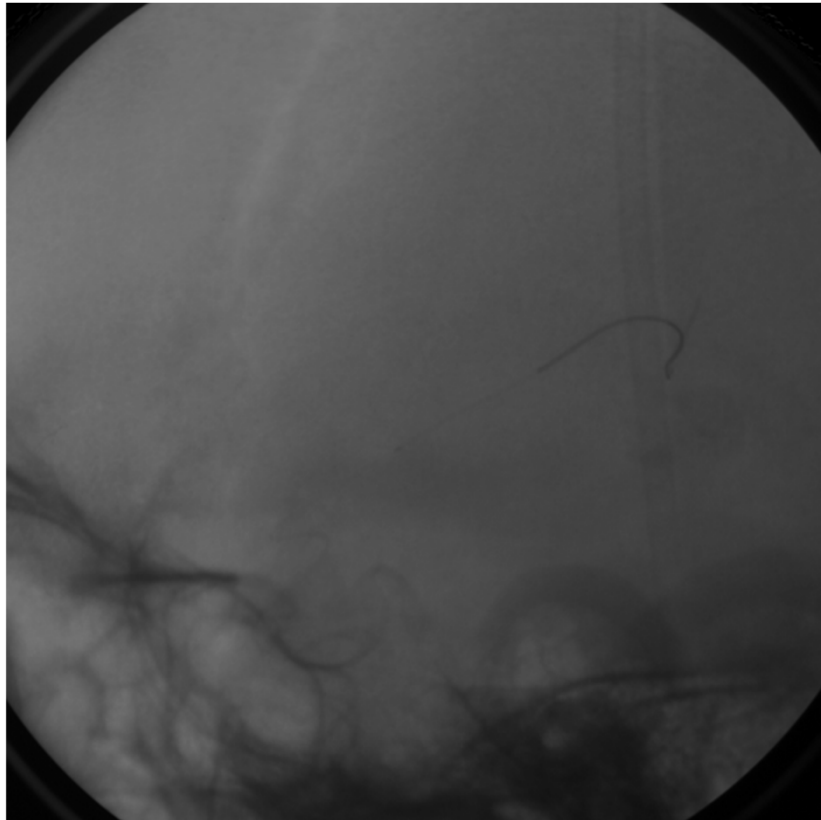


Patient complains of neuro-symptoms

Aphasia + right arm paralysis



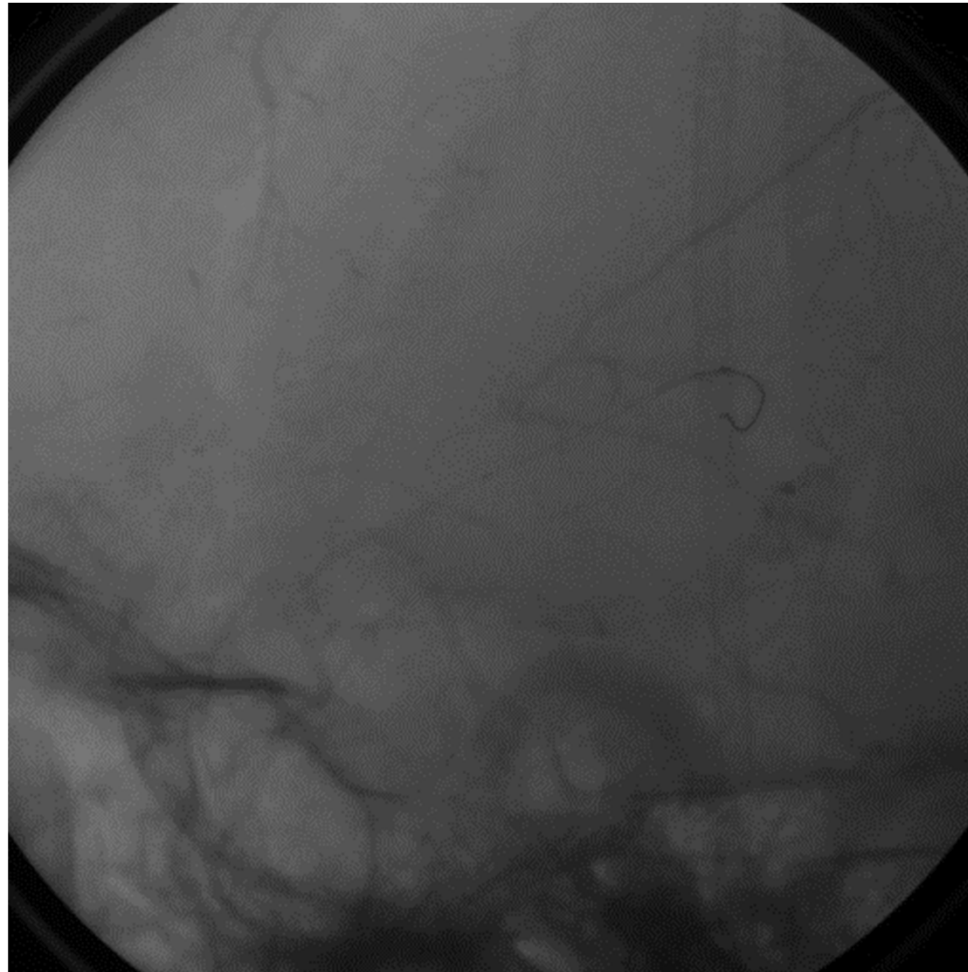
Mechanical Disruption of the plaque



2.0 mm coronary balloon

Final Result

Symptoms
completely and
promptly resolved
after balloon
dilation



Take home messages

- Actually, all plaques can unpredictably produce debris
- If the M1 or M2 segment of the middle cerebral artery is occluded intervention is generally required
- The material involved is usually not thrombus but represents a fragment of the plaque
 - → **mechanical recanalization** (hydrophilic wire – small 1.5-2.0 coronary balloon)
- In presence of long echo-lucent plaques ALWAYS consider a proximal protection device! (now we know it...)