ROUTE DECIDING COMPLICATION IN CAROTID

Raman Chawla,1

¹ Caremax Superspeciality Hospital; Intervention Cardiologist; Cardiology

History

- 75/ male presented with complain of recurrent tias as right hemiparisis
- Non hypertensive, non diabetic
- No obvious risk factors

Investigations

- Ct scan head essentially normal
- Carotid doppler essentially normal right carotid system
- Soft ulcerated lesion with peak systolic velocity of 250 cm/sec
- Ecg essentially normal
- Echo essentially normal

Indication for intervention

Carotid angiography

- 85% ulcerated lesion in left internal carotid artery
- Normal right carotid system
- Normal bilateral vertebral system
- Normal intra cranial vasculature

Intervention

Plan

Carotid endartrectomy/stenting

Procedural step

Carotid endartrectomy/stenting

- Right radial artery approach
- Left common carotid artery hooked with jr4 with 0.035 terumo wire
- Jr4 guide kept in left common carotid artery with extra support amplatzer wire in external carotid artery
- Distal protection device angioguard 6mm used

Direct stenting with open celled tapered stent done (7-9 x 40mm stent)

Post dilatation done with balloon 6.0 x 20mm

- Post dilatation shot revealed thrombus/tissue prolapse in internal carotid artery
- Filter seemed to be clogged
- Aspiration with pronoto suction catheter done
- Multiple suction did not revealed significant result

Aspiration with guiding catheter was done

Relatively improved flow

Distal protection device was removed

- · Slight difficulty in pushing the retrieval sheath in guiding across arch of aorta
- Tried removing the guide but it was stuck up
- · Loop identified in ascending aorta

- On pulling the catheter it advancing in internal carotid artery without wire
- Tried unlooping the guide with

Soft end/hard end of terumo wire-failed Soft end/hard end of teflon wire-failed

Soft end/hard end of ptca wire-failed

- Any suggestion??
- Femoral puncture done. Following maneuvers

Holding the catheter with biopsy foreceps - failed

Tried forming loop with pigtail catheter and wire - failed

- Any suggestion??
- **Demon maneuver (stupid thought)** -just pulled the catheter quickly enough under fluoroscopy, before momentum of movement was transmitted to the tip of catheter, preventing forward movement of catheter

Learning points of the procedure Tips and tricks

- Proper guide support
- Aspiration by pronto catheter
- Thrombosuction by guide
- Don't only look at lesion, look at path way also