

LEFT COMMON CAROTID ARTERY (CCA) STENTING IN A 75-YEAR-OLD MAN

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HISTORY AND PHYSICAL:

A 75-year-old man with diabetes and hypertension presented with recurrent episodes of right-sided hemiparesis within a span of 3 months. On examination he had left-sided upper and lower limb weakness of power 4/5 and brisk reflexes with UMN type f right facial weakness.

IMAGING:

CT and MRI showed left fronto-parietal peri-rolandic region suggestive of left middle cerebral artery branch infarct. CTA and MR angiography showed left common carotid artery eccentric non-calcified plaque in lateral lumen causing 60 – 70 % stenosis.

INDICATION FOR INTERVENTION:

As patient had recurrent episodes of weakness on the stenotic side, as the weakness was mild and not dense hemiplegia, and in CT & MRI there was viable parenchyma to be protected from further ischemia, it was decided to do stenting with or without angioplasty.

INTERVENTION:

Under dual anti-platelets and local anaesthesia, through right transfemoral access and after diagnostic angiogram, a long 7F sheath was placed in left proximal CCA [Fig 1]. The lesion was crossed using the 014 embolic protection device (Filterwire EZ, Boston Scientific) in the distal cervical ICA. Then a 7 x 50 mm self-expanding stent (Wallstent, Boston Scientific) was deployed using the same monorail system across the lesion. Post-stenting angiogram showed good opening of the stenosis with good forward flow [Fig 2]. Balloon angioplasty was not needed. Procedure was uneventful.

LEARNING POINTS OF THE PROCEDURE:

In deserving patients with significant stenosis and viable parenchyma to protect, common carotid artery stenosis can be dealt in the same way as internal carotid artery (ICA) stenosis using stenting with or without angioplasty.

Figure 1

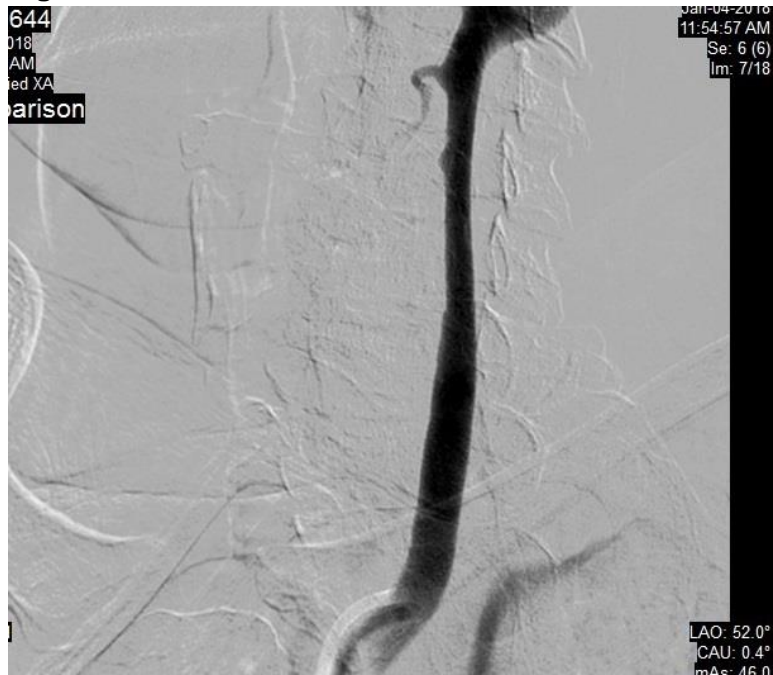


Figure 2

