

CAROTID ARTERY INTERVENTION AFTER STROKE: TIMING AND OTHER CONSIDERATIONS

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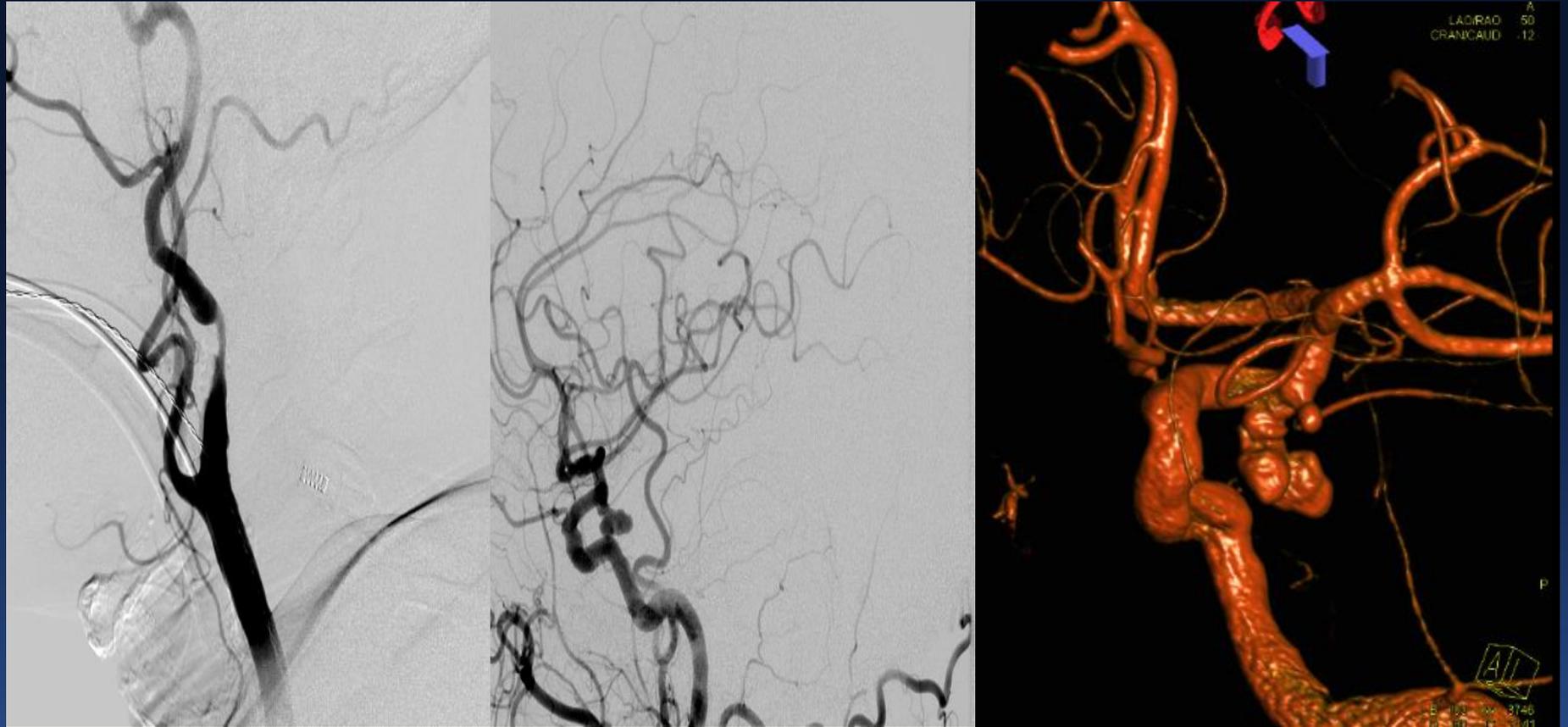
Disclosure Statement of Financial Interest

I, (Gavin Britz) DO NOT have a financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation.

HISTORY

- **64-year-old female with a past medical history significant for HTN, BPH, glossectomy for resection of SCS of the tongue (2013), and PAD.**
- **She presented on 6/23/2018 with one episode of right arm and leg weakness that resolved.**
- **Examination is normal**

IMAGING



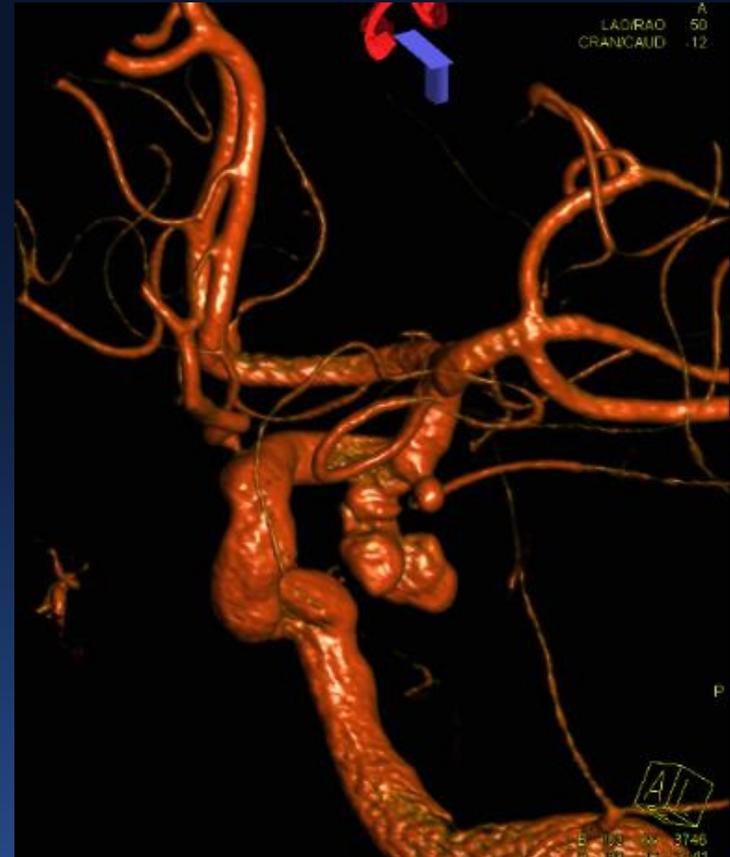
CLINICAL SUMMARY - CAROTID STENOSIS

- **Symptomatic**
- **Above the bifurcation at C2**
- **Radiation induced but not classic, may be combination of atherosclerosis and radiation**



CLINICAL SUMMARY – CEREBRAL ANEURYSMS

- **VERY IRREGULAR HIGH RISK PCOM ANEURYSM**
- **SMALL LOW RISK ANTERIOR CHOROIDAL ARTERY ANEURYSM**



OPTIONS / THOUGHTS

CAROTID STENOSIS

- **Medically versus Surgical Therapy**
- **Surgically therapy early or late**
- **Endovascular versus CEA**
- **Consider cerebral aneurysms**
- **What do you treat first ; CS versus Cerebral Aneurysms**
- **You will increase intracranial flow after stenting and patients will be on antiplatelet agents**

CEREBRAL ANEURYSMS

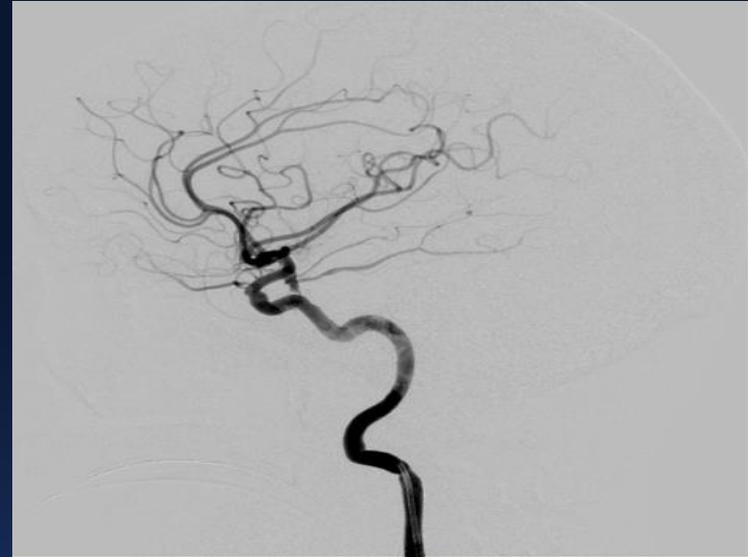
- **Need to be treated or not**
- **Clip versus Coil; as do not want to cross the stenosis**
- **PCOM can be coiled but Choroidal Aneurysm cannot**
- **Do you coil the PCOM and leave the Choroidal aneurysm**
- **Clipping could result in intra operative hypotension and result in a perioperative stroke**
- **Clipping would be done on aspirin**

***HOW WOULD YOU
MANAGE ?***

MY TREATMENT



Underwent an angioplasty and stenting of high-grade left internal carotid stenosis utilizing a 6 x 8 x 40 mm Xact stent and a spider protection device



Intracranial aneurysm using 3.75 mm x 16 mm pipeline flex.
Next time would coil the Pcom first and then lay pipeline