

Staged Recanalization Of Carotid Artery Occlusion

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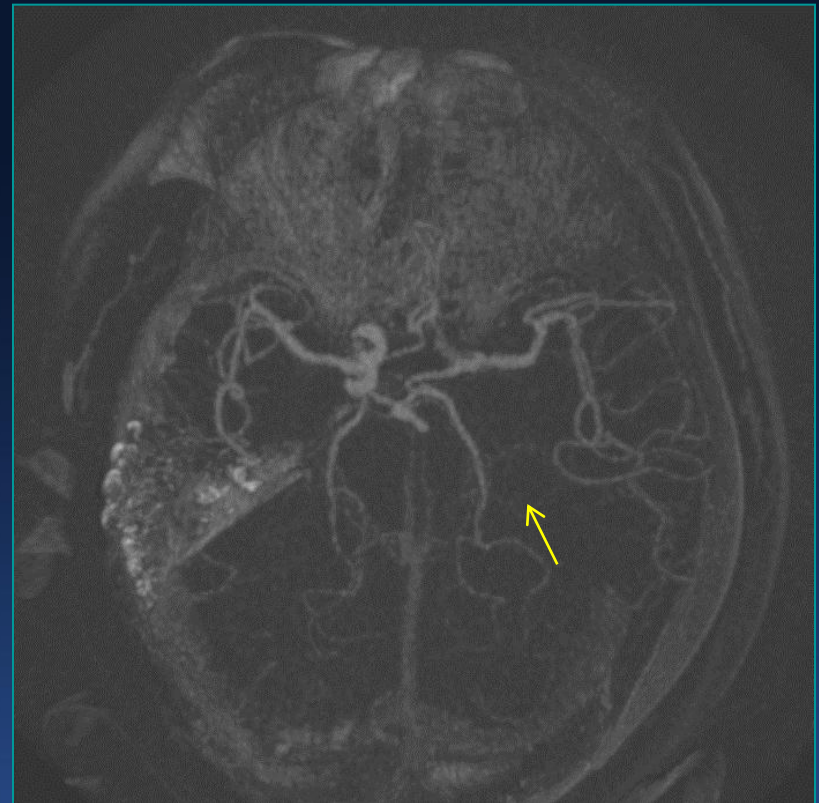
Disclosure Statement of Financial Interest

I, (Paul Hsien-Li Kao) 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.

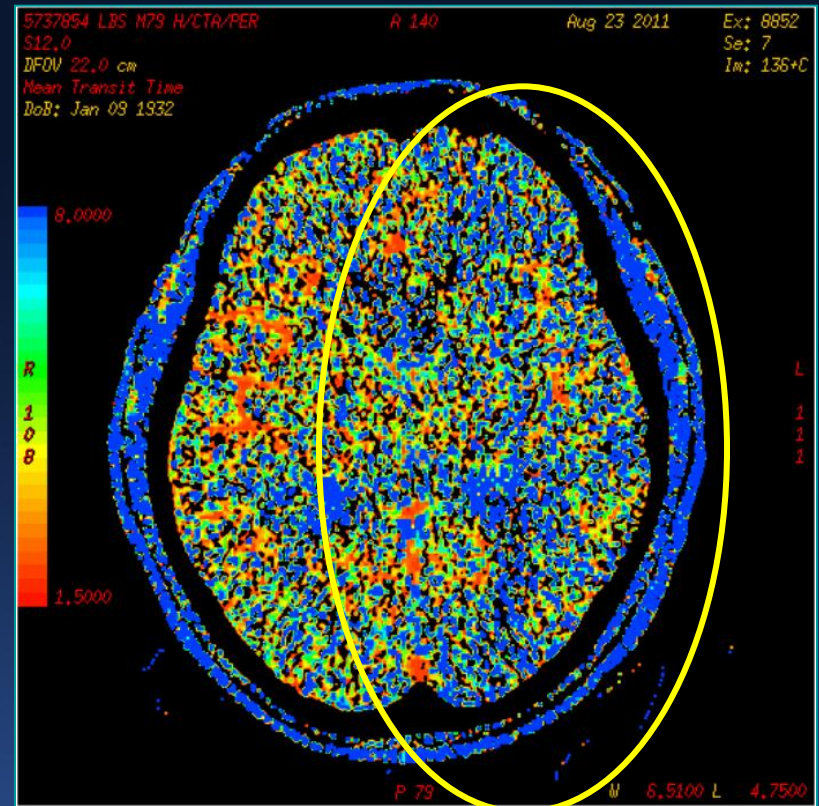
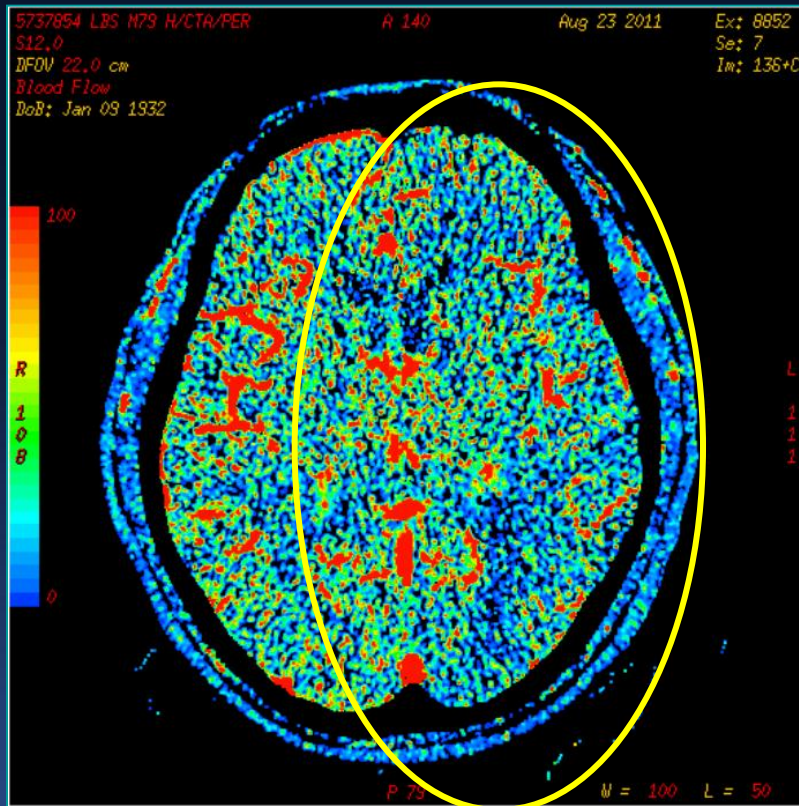
Case history

- 80y man with minor stroke in 2011-7
- HTN with adequate medical control
- Neck Duplex showed LICA0
- CTA in 2011-10 confirmed LICA0, with abnormal CTP

CTA 2011-10



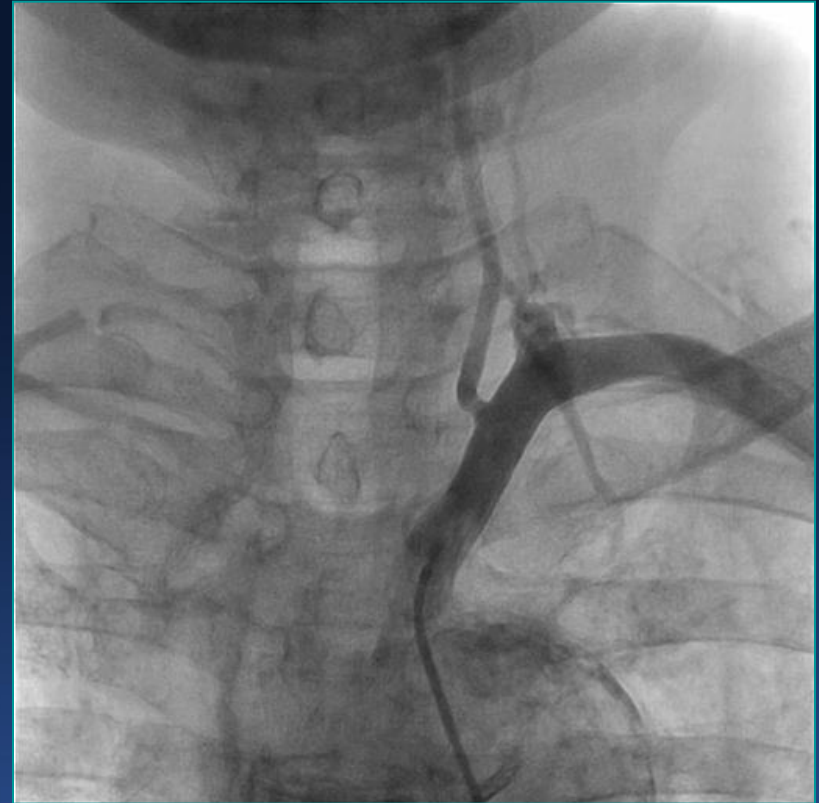
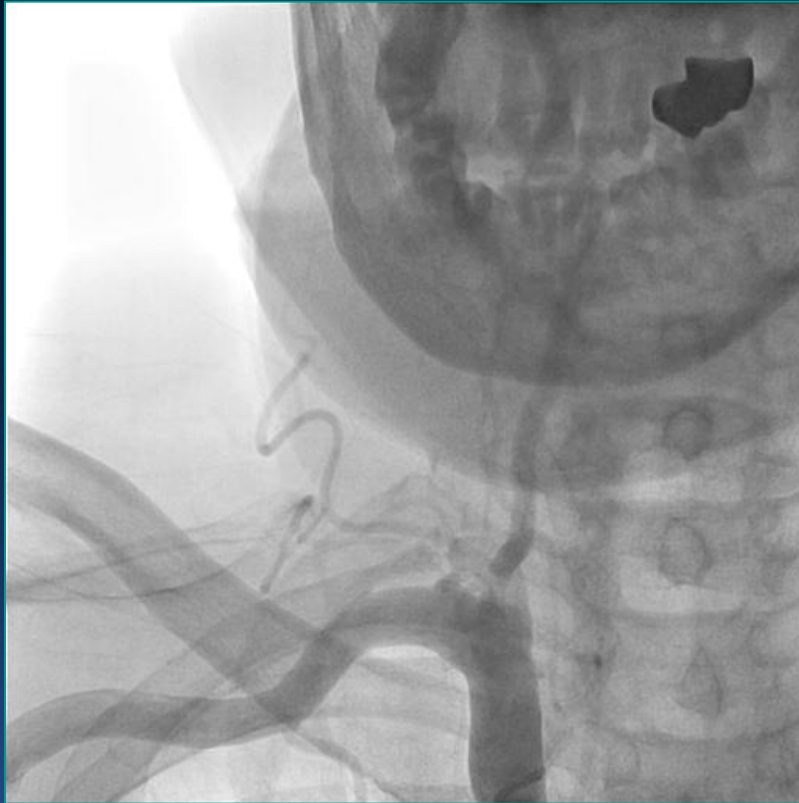
CTP 2011-10



Treatment planning

- **EC/IC bypass was refused**
- **EC4V with recanalization attempt scheduled in 2011-11 after informed consent**

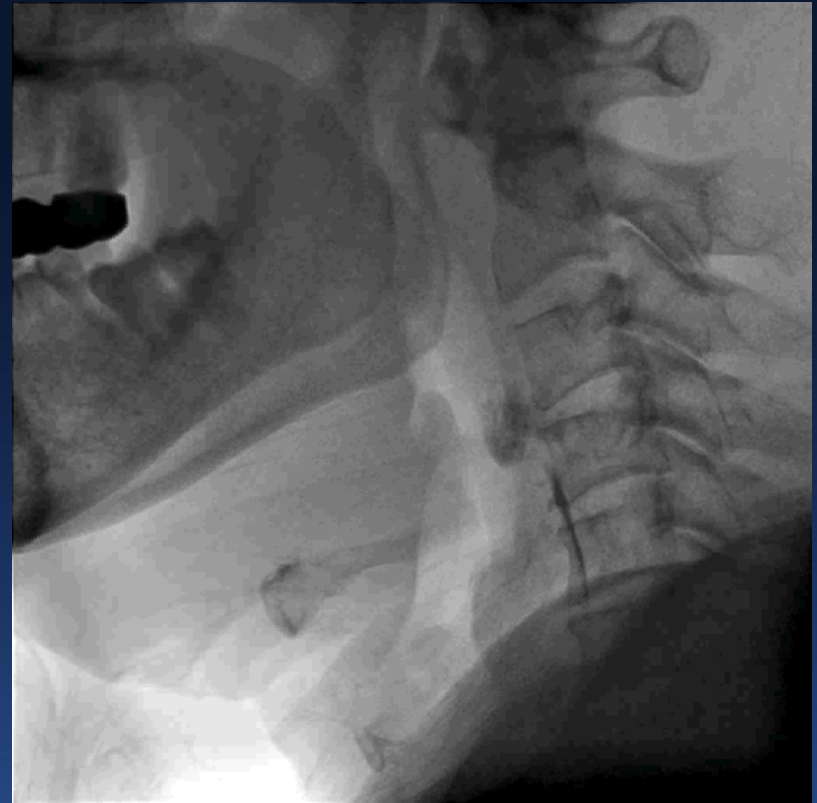
Bilateral VAs



Patent RICA with cross-filling



LICAO



Distal ICA via OA



Recanalization strategy

- **Femoral approach with 8FJR4 GC**
- **Coronary hydrophilic wire followed by CTO wire, with micro-catheter support**
- **Once wired through, exchange to spring-coil tip wire**
- **Small profile coronary balloon dilatation**
- **Stent deployment (with/without embolic protection) as indicated**

Initial wiring



Fielder FC in Finecross



Conquest Pro in Finecross

Finally wired into OA



Fielder FC in Finecross

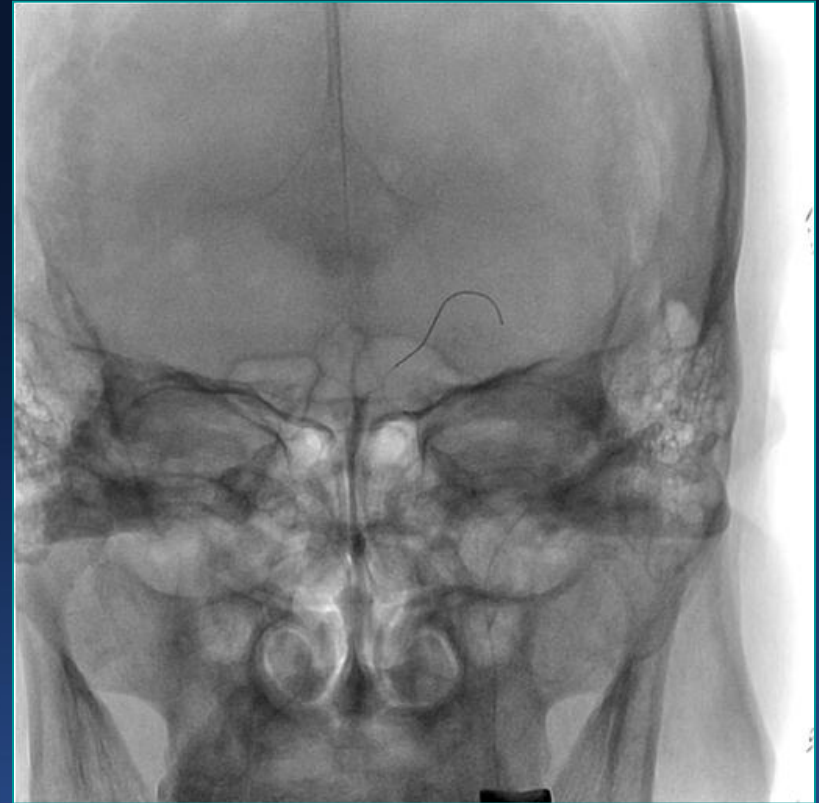


Fielder FC in Finecross

Confirmed



Finexcross injection



Sion in MCA

Small-size ballooning

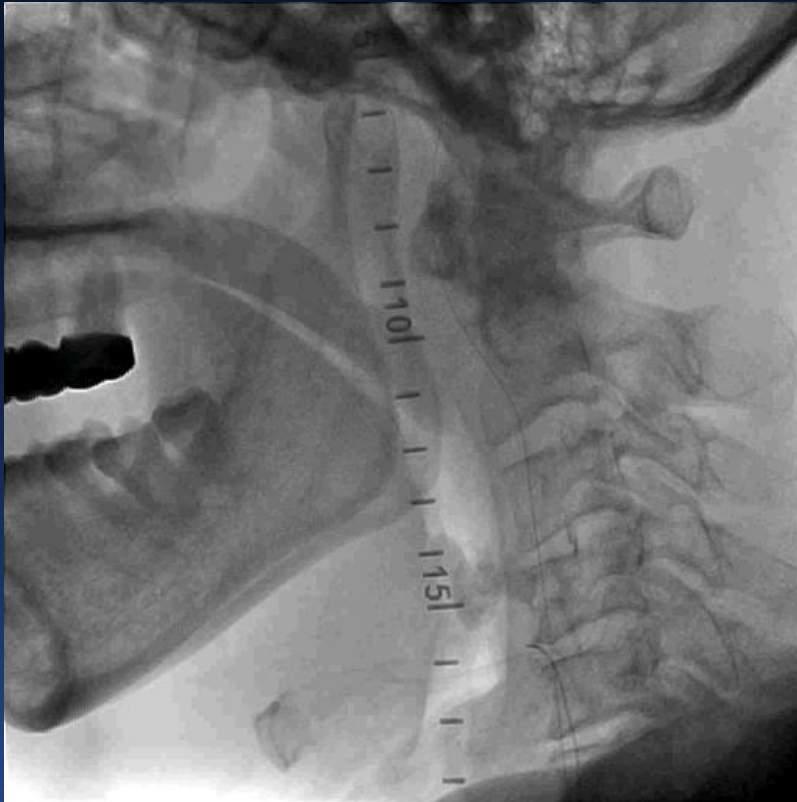


1.5mm Ikatzuchi



2.0mm Ikatzuchi

Yeahhh....oops



CC fistula!!

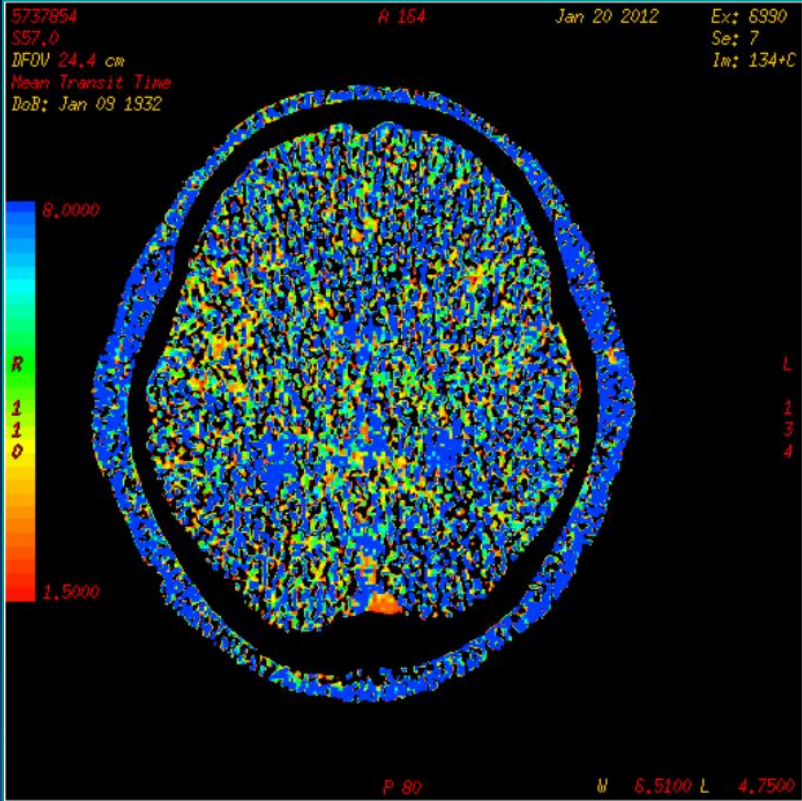
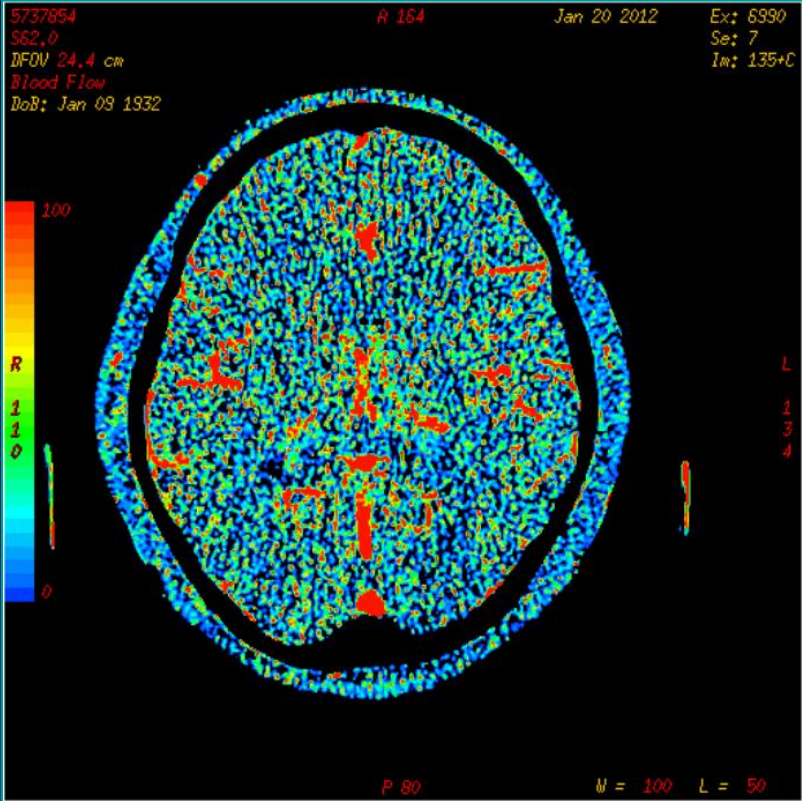
Now what?

- Patient totally asymptomatic
- Transfer to ICU for observation
- Reverse heparin, maintain lower BP
- Discharged 1 week later without any complaint or sequela
- Follow-up CT 1 month later if stable

CTA 2012-1



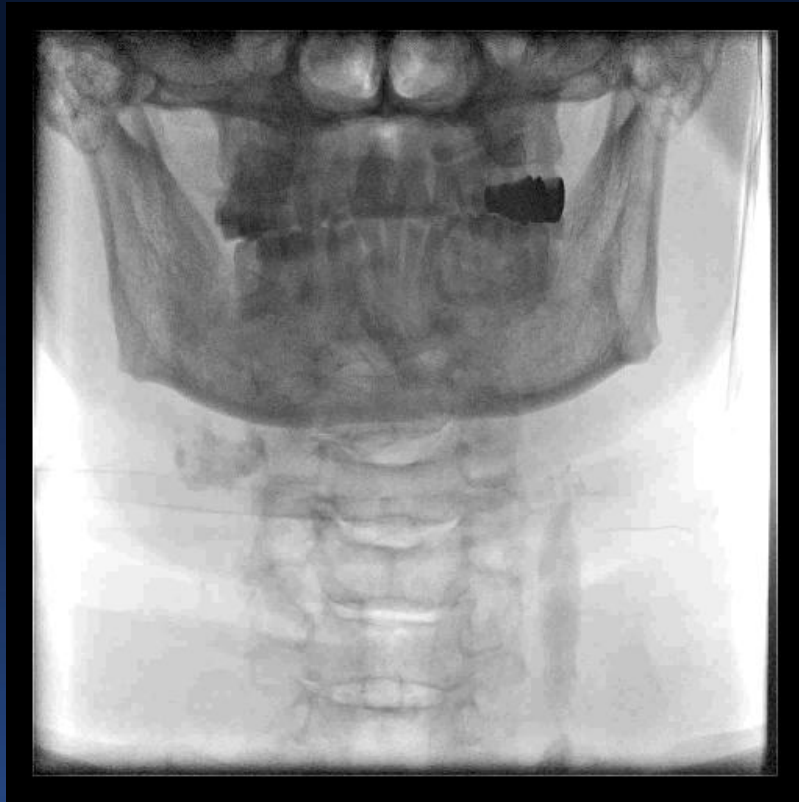
CTP 2012-1



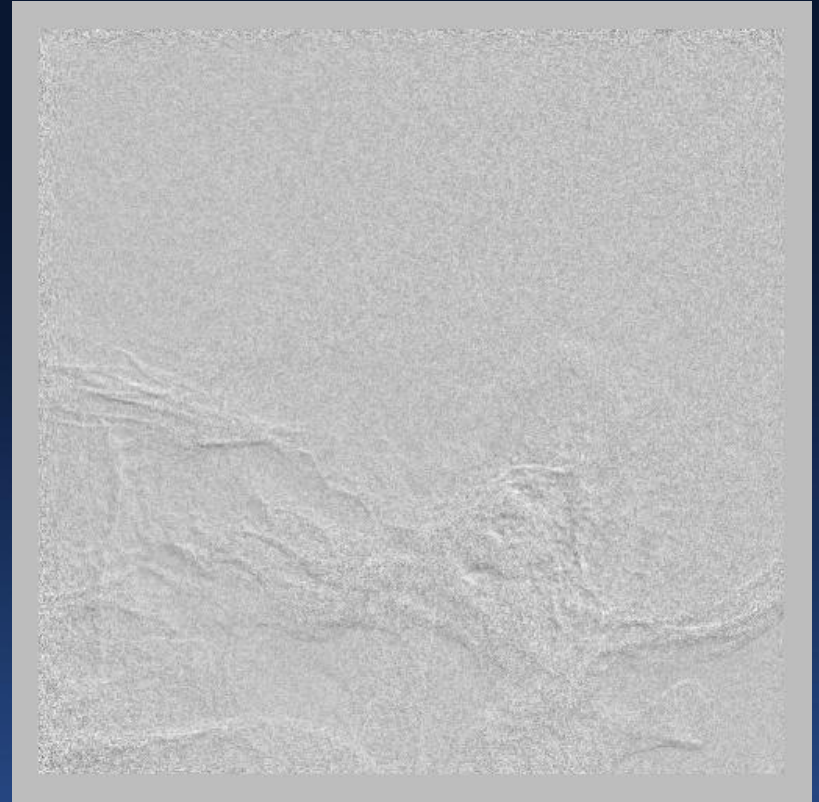
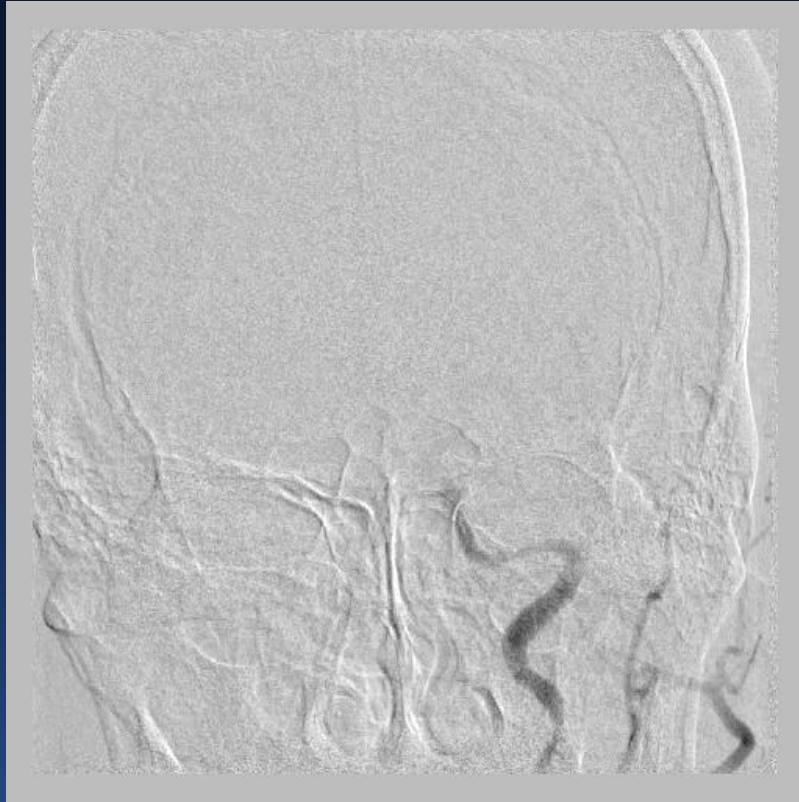
Staged CAS in 2012-2

- **Confirm resolution of CC fistula**
- **Proximal embolic protection**
- **Self-expanding stent for cervical ICA and balloon expandable for distal lesion**

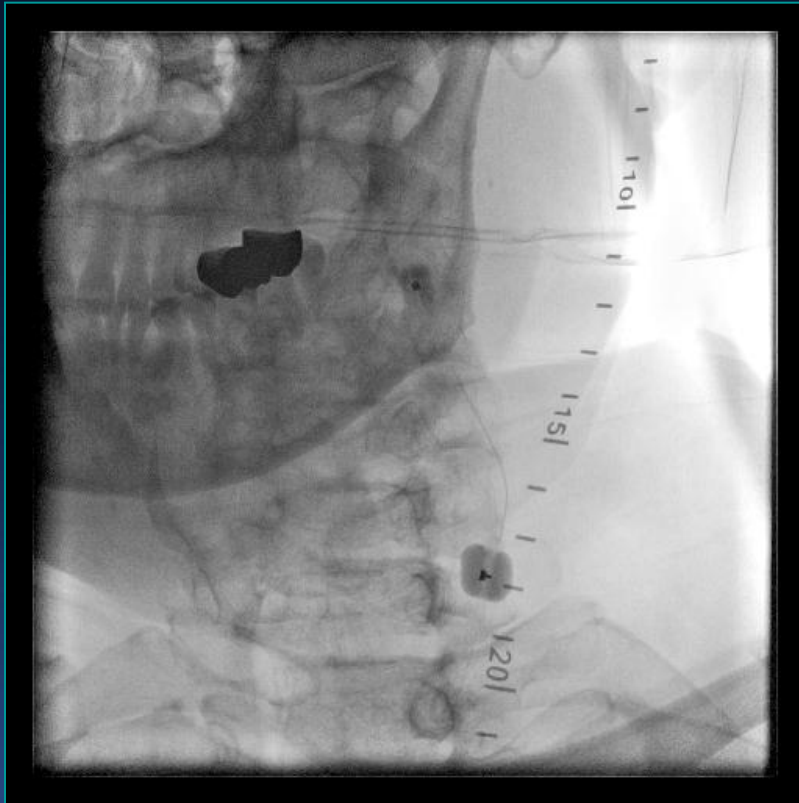
Cervical LICA



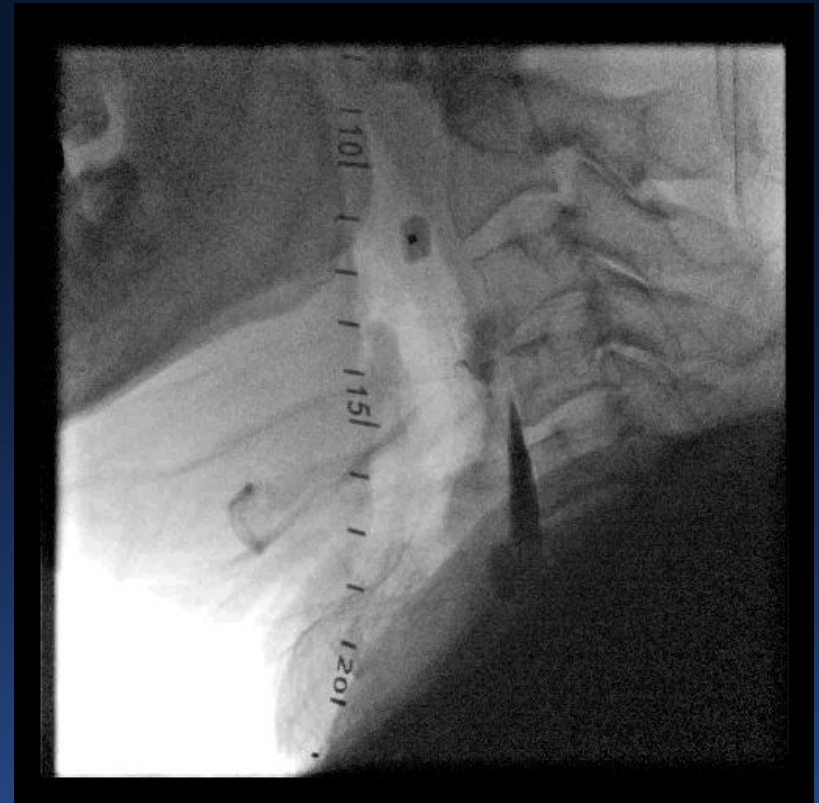
LICA IC



MoMA protected wiring

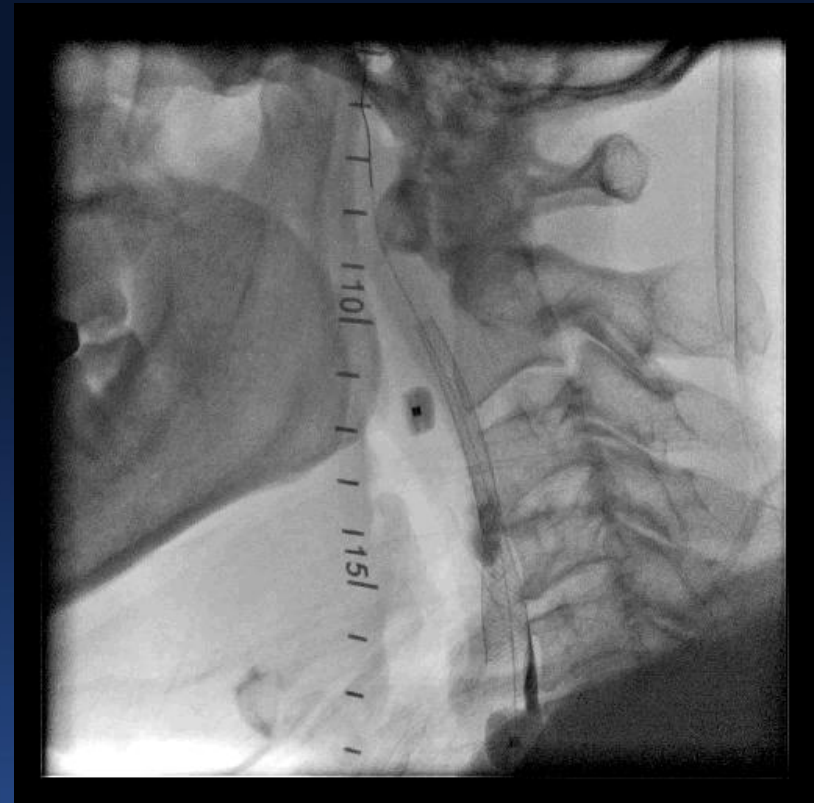
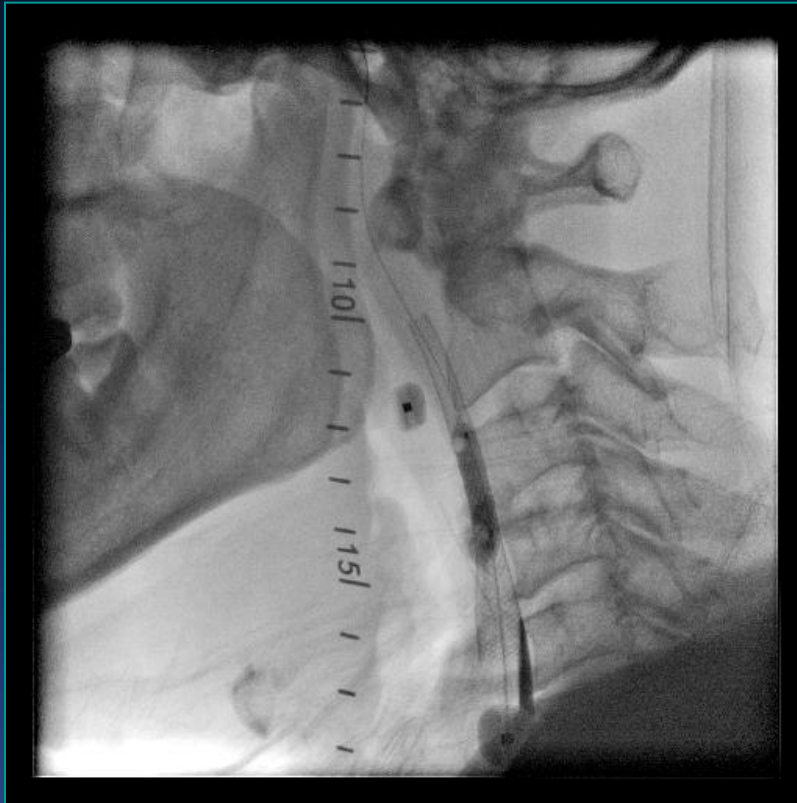


8F MoMA



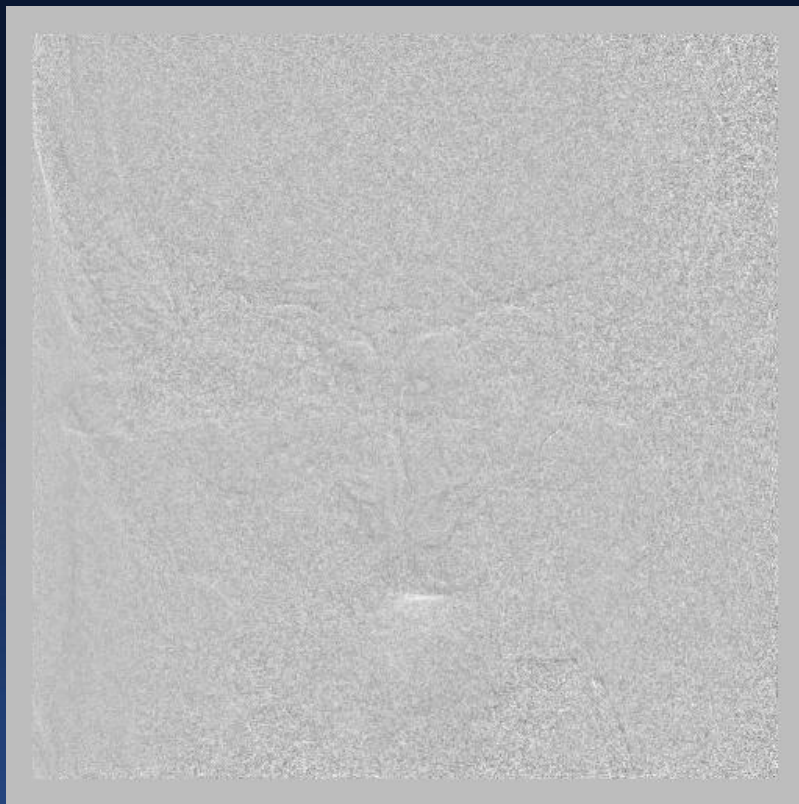
Sion

Wall stent and aspiration



7x50mm Wall stent dilated with 6mm Sterling and aspiration

Tsunami for distal ICA

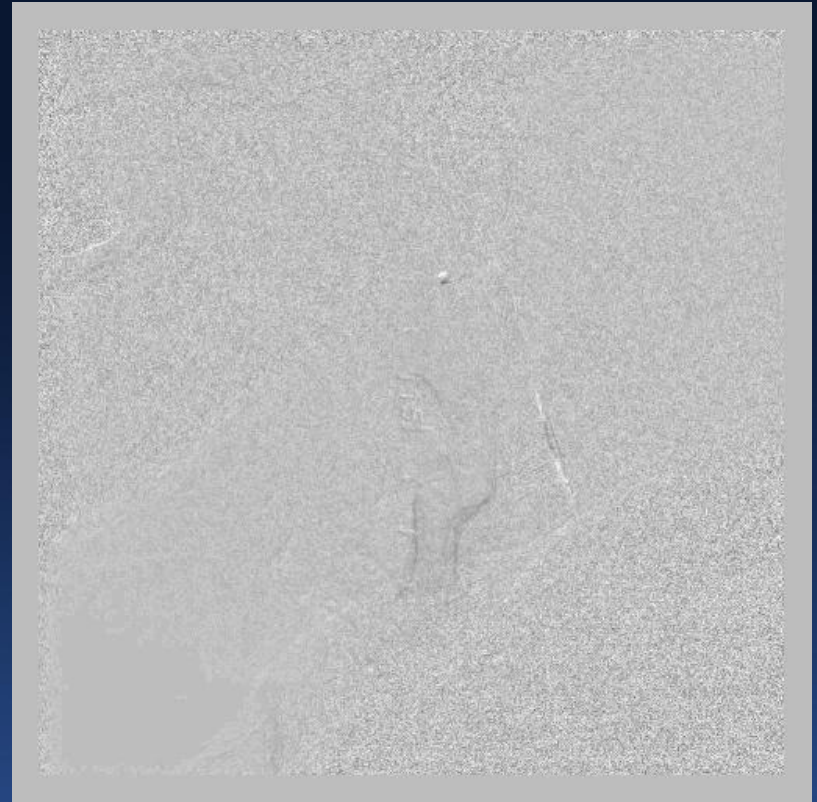
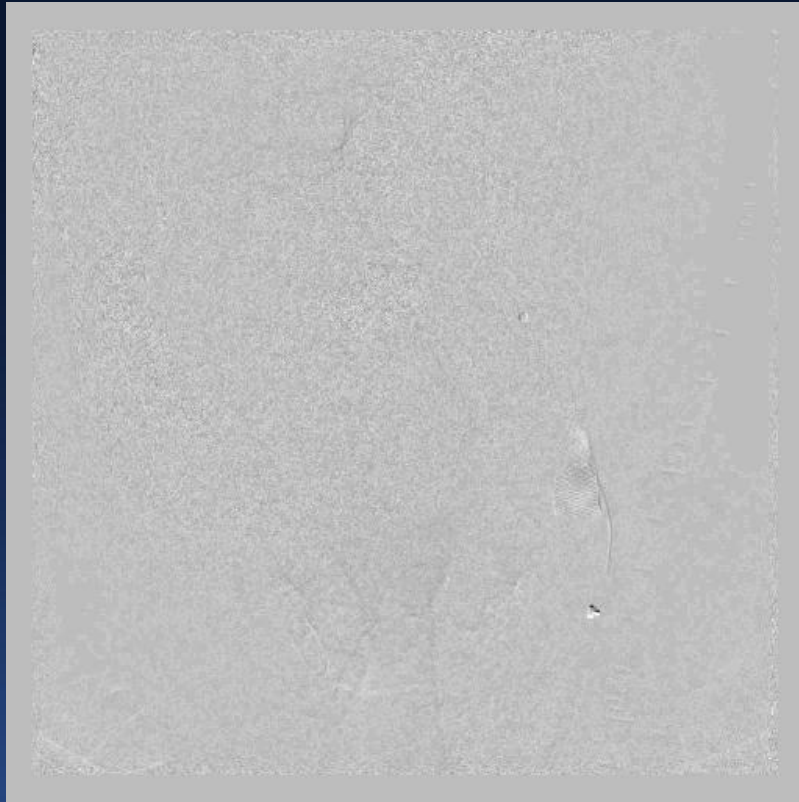


MoMA released

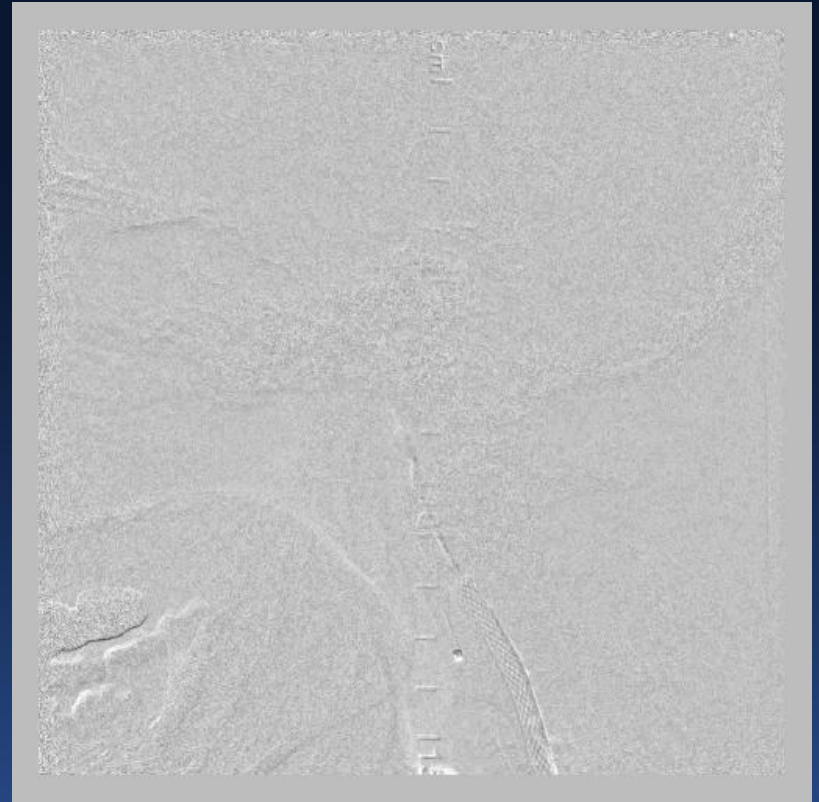
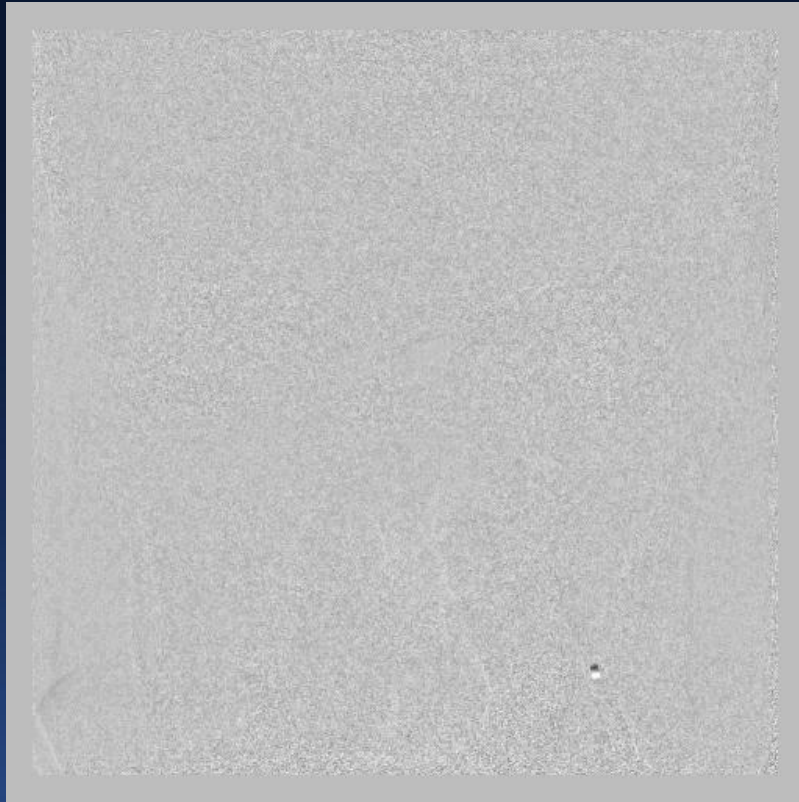


3.5x20 Tsunami stent

Final cervical LICA



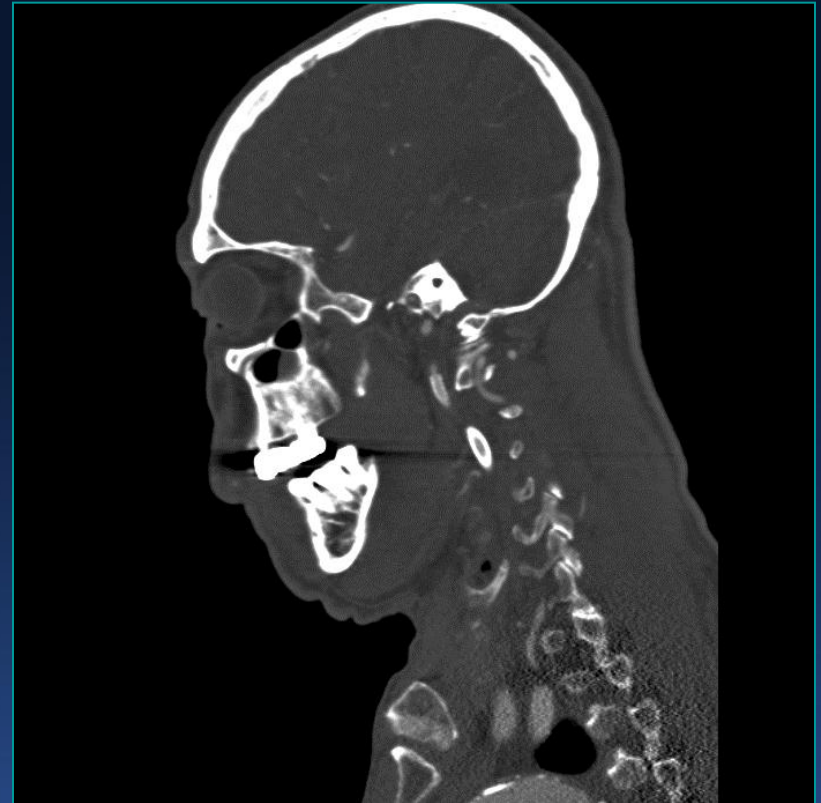
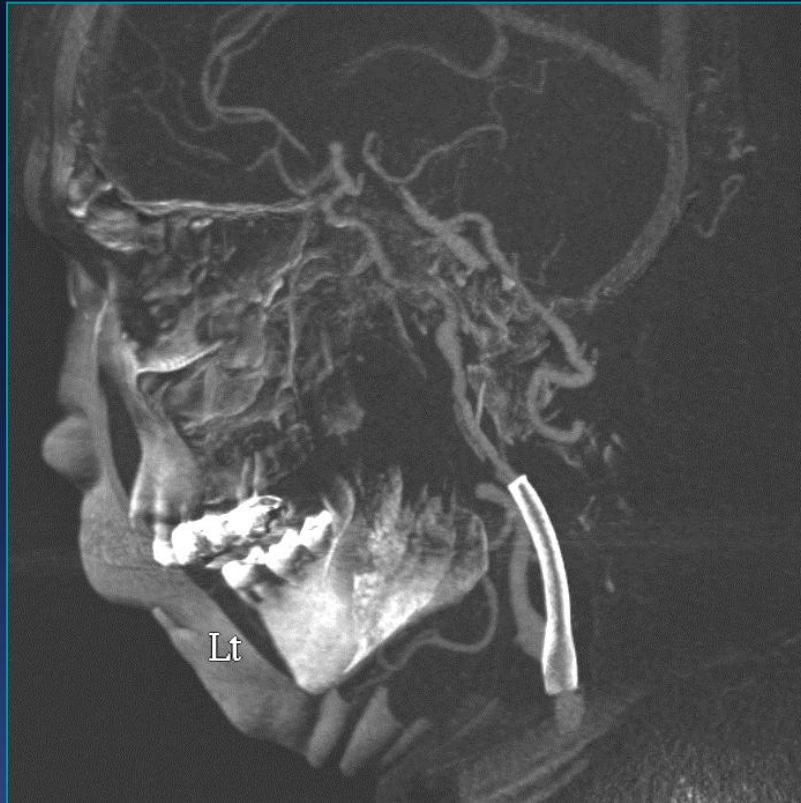
Final LICA IC



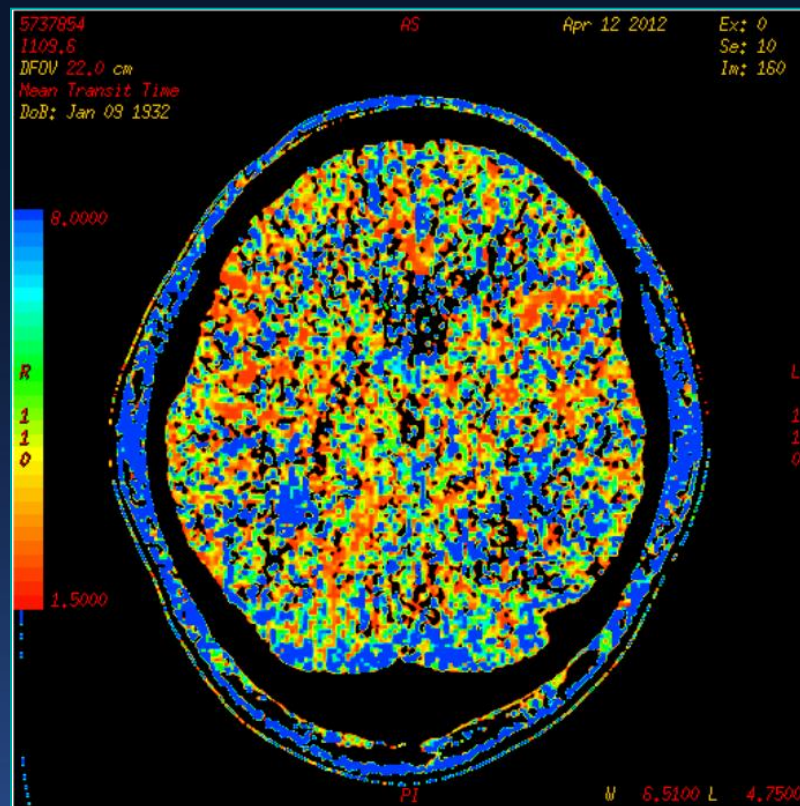
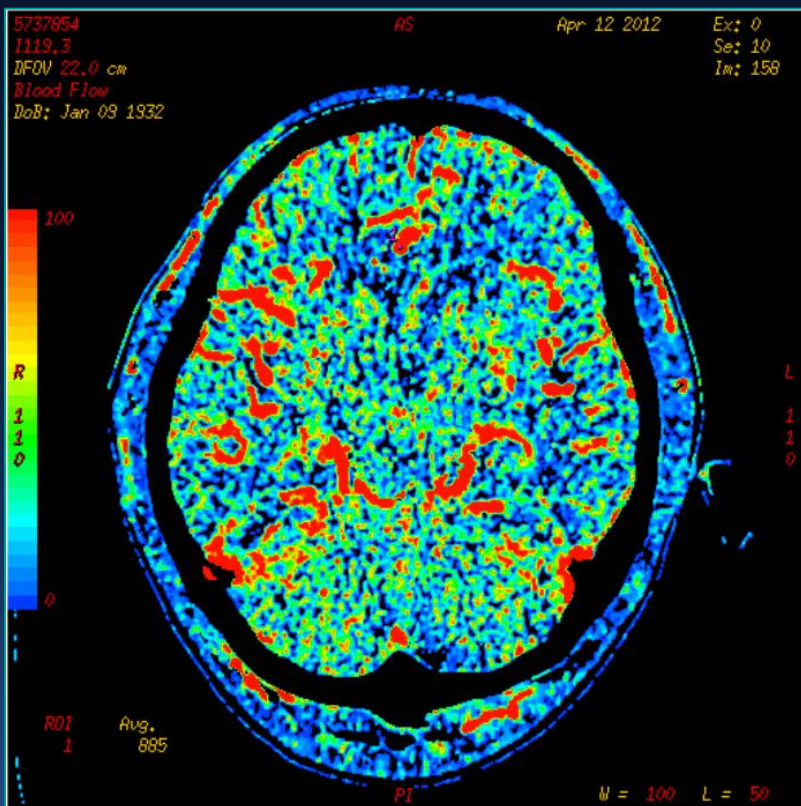
Clinical course

- ICU overnight observation without any event
- Discharged 2 days post procedure
- DAPT
- Clinical follow-up without any complaint up till now

CTA 2012-4



CTP 2012-4



Conclusion

- **CAO recanalization is feasible and improves cerebral perfusion, but requires specialized techniques and devices**
- **CC fistula can be self-limiting if managed correctly**
- **MoMA is the device of choice for long ugly ICA lesion**