Basic Neurovascular Anatomy

What the cardiologist needs to know Before becoming stroke interventionalists

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Disclosures

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Procedure **Carotid & Vertebral Angiography** 1. Classify aortic arch – 1,2, or 3 15-25 cc/15cc/sec (5Fr pig tail) 2. Choosing the Catheter JR4 or HN1 or Vertebral (5 Fr) (Type 1 arch) Type III Arch; may need Simmons II, I, HN5, AR2

3. Catheterize prox common carotid

(avoid manipulation in the aortic arch)

4. Vertebral - selective vs non-selective (if selective, keep cath proximal)

Catheter configuration - anterior-superior designs



Simmons catheter - complex curves careful when reforming



Thyrocervical Trunk

Note inferior thyroid branch (C5 ant spinal art collateral





Note calcified Vertebrals and extensive collaterals in Vascular Malformation



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PROBLEMS of the aortic arch Complexities of the aortic arc are responsible for almost all technical failures







OCTOGENARIAN TYPE 3 ARCH

More than 20' in aortic arch with out success-----QUIT

Avoid excess manipulation!

EMBOLIC SOURCE



Shower Emboli

Diffusion weighted MRI



Percutaneous cervical approach and closure for carotid artery intervention including stenting and acute stroke N = 191



Markatis et al 2009

Micro puncture 5 or 6 fr. Sheath. Access at C 5 under US and Fluoro guidance





How important is the External Carotid ?



Plaque Shift with occlusion of the External Carotid



External Occipital is only supply for Vertebral Basilar flow



Stent with CAS has territorial increased risk. Vertebral occlusive disease



Anterior Cerebral Circulation



Middle Cerebral Artery Anterior - MCA



CTA with post-processing rotation







Venous Anatomy



Segmental diffuse atherosclerotic change

Note PICA occlusions



Segmental diffuse atherosclerotic change

Note PICA occlusions



Sagittal sinus thrombosis

Collateralizing venous pattern



The End

