

Case 17: Complex Angioplasty

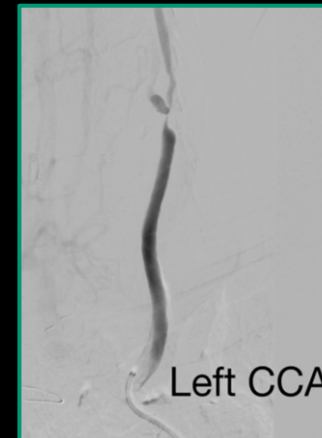


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Cath Images

62 YEAR OLD MALE

- Presented with recurrent episodes of right sided weakness followed by recovery since last 3 months
- K/c/o HTN, DM, IHD- post PTCA 2 years back, Chronic smoker
- Patient was on dual anti-platelets
- Examination - mild right upper limb drift - no other deficits
- MRI brain showed - watershed infarcts in left MCA-ACA & MCA-PCA territory
- MR angio - Left ICA severe stenosis at origin
- DSA - Bovine aortic arch with severe more than 90% stenosis of left ICA at origin
- Decided to go for Carotid angioplasty and stenting
- Challenges
 1. Bovine arch
 2. Difficulty in cannulating left CCA even with diagnostic
 3. Difficulty to take the guide catheter in to the left CCA
- Initially left CCA was cannulated with 5Fr SRC then it was exchanged with 5Fr Impress & Ballast Long Sheath over emerald exchange length wire
- Patient underwent ICA angioplasty and stenting uneventfully & was discharged without new neurological deficits

Left CCA Shoot
through SRC



Impress being
cannulated in
Left CCA

