

RF2. Endovascular Repair of a Carotid Bifurcation Pseudoaneurysm

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We present a case of a late carotid patch false aneurysm treated with a stent-graft through a cervical approach under local anesthesia. The patient was an 84 year old woman who had undergone a right CEA and Dacron patch 13 years prior to presentation. She had undergone yearly carotid duplex surveillance of her CEA and a high grade 80-99% contralateral asymptomatic carotid stenosis. One year prior to presentation she had a scan that showed a patent CEA site without recurrent stenosis or a false aneurysm. She presented for routine follow-up. Duplex ultrasound revealed a new pseudoaneurysm measuring 2.0 cm in diameter involving the proximal internal carotid artery with what appeared to be complete separation of the patch from the artery with a large amount of thrombus. There was no evidence of infection. Access was performed using a small, transverse supraclavicular incision under local anesthesia. A 4F glide catheter placed into the external carotid for later embolization after stent grafting to decrease any risk of coil embolization through the internal carotid. A 7 x 50 mm Viabahn stent graft and an 8 x 2.5 mm proximal extension were deployed in the internal carotid artery extending into the common carotid artery. Coil embolization of the external carotid artery was performed after stent graft placement through the previously placed catheter. This case demonstrates the feasibility and advantages of a direct cervical approach for endovascular management of a carotid bifurcation false aneurysm.



CTA

pre-intervention
angiogram

selection of
ICA and ECA

1) stent-graft deployment
2) coiling of the ECA