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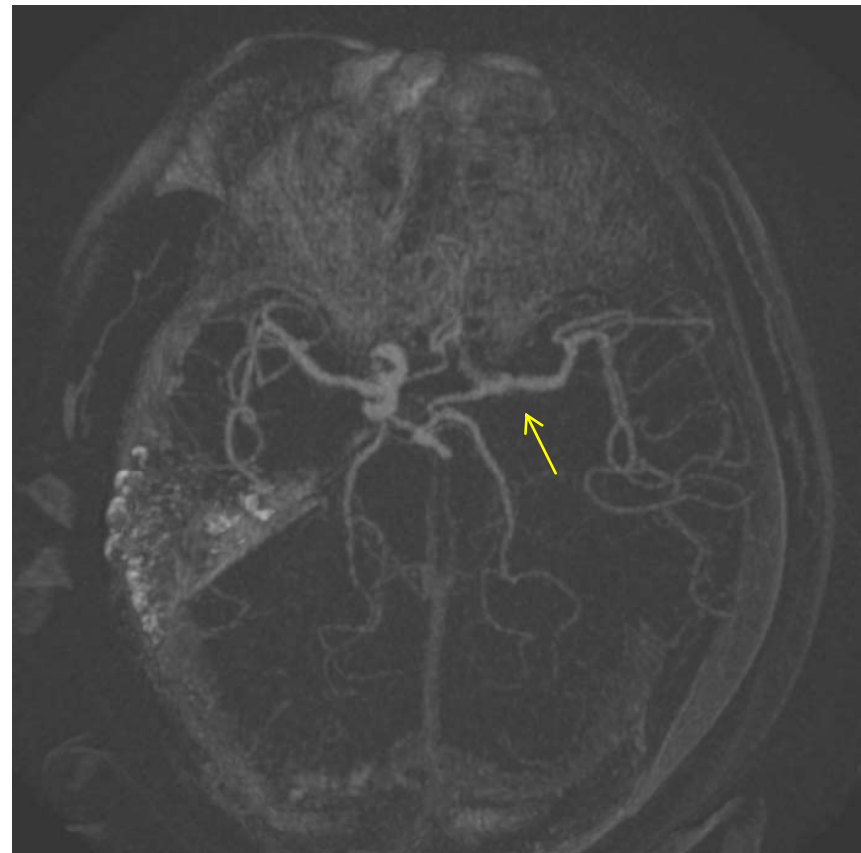
Staged Recanalization of Carotid Artery Occlusion

Case history

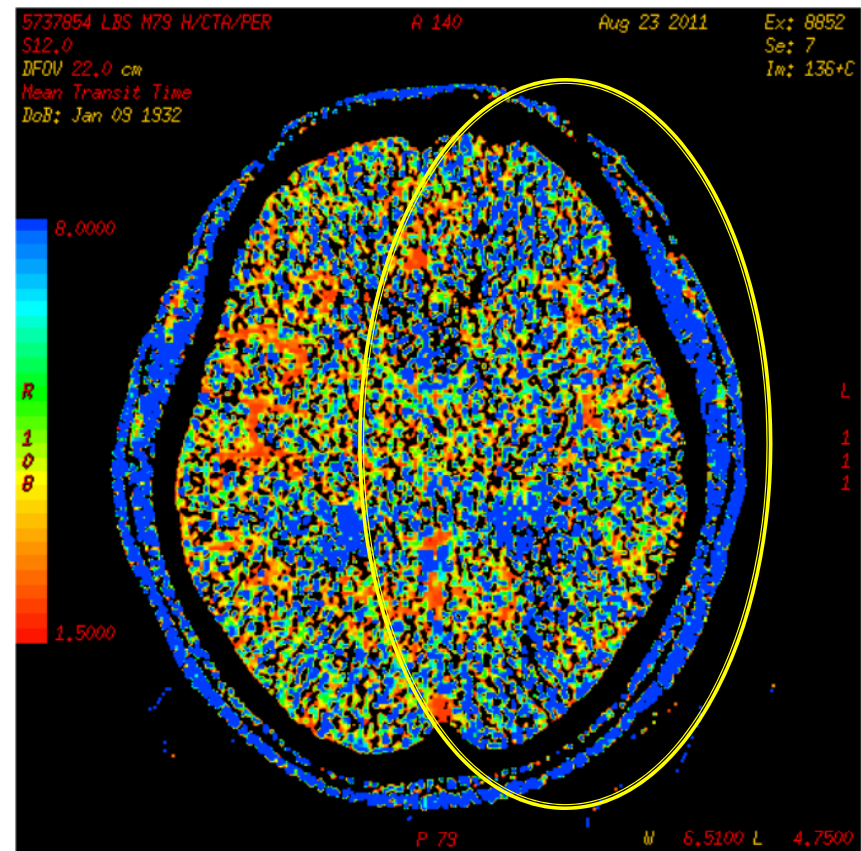
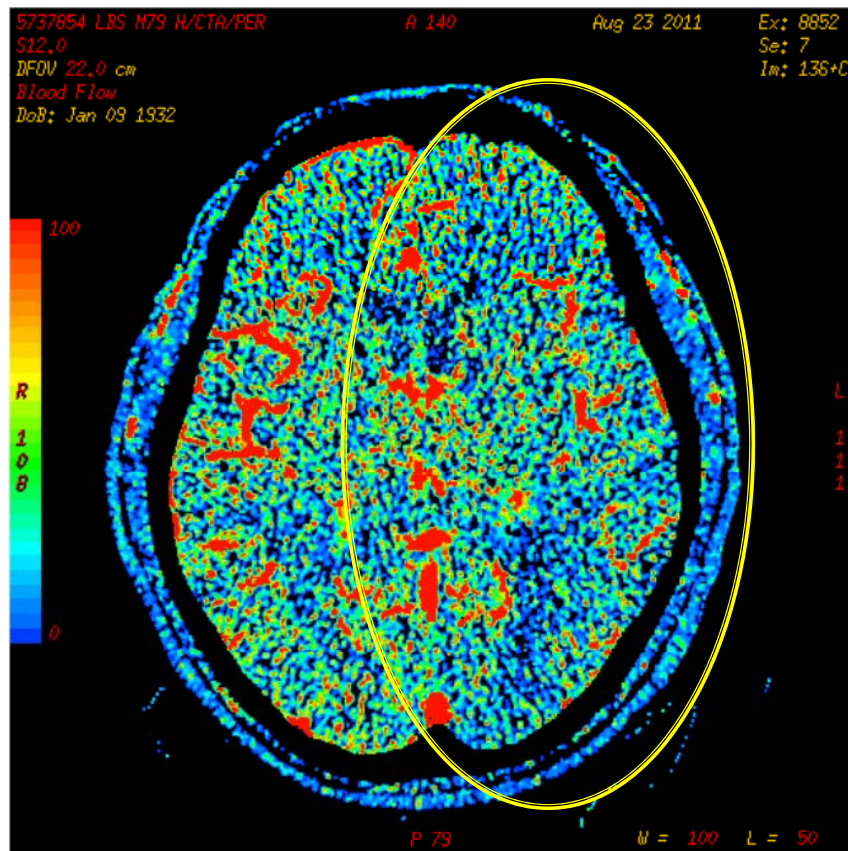
- 80y man with minor stroke in 2011-7
- HTN with adequate medical control
- Neck Duplex showed LICAO

- CTA in 2011-10 confirmed LICAO, with abnormal CTP

CTA 2011-10



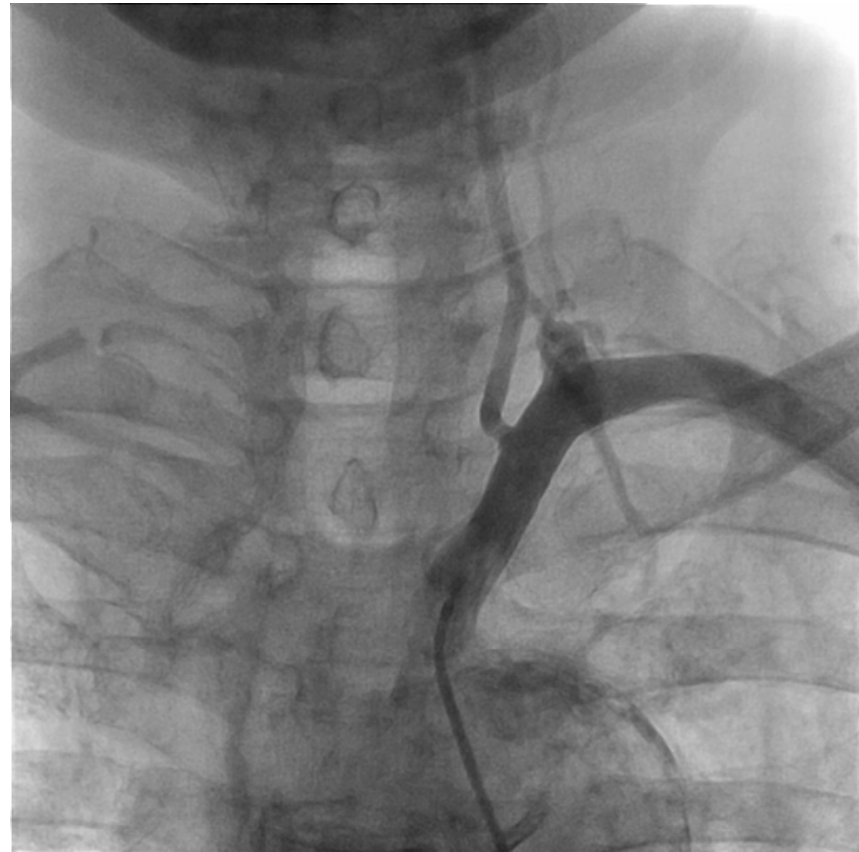
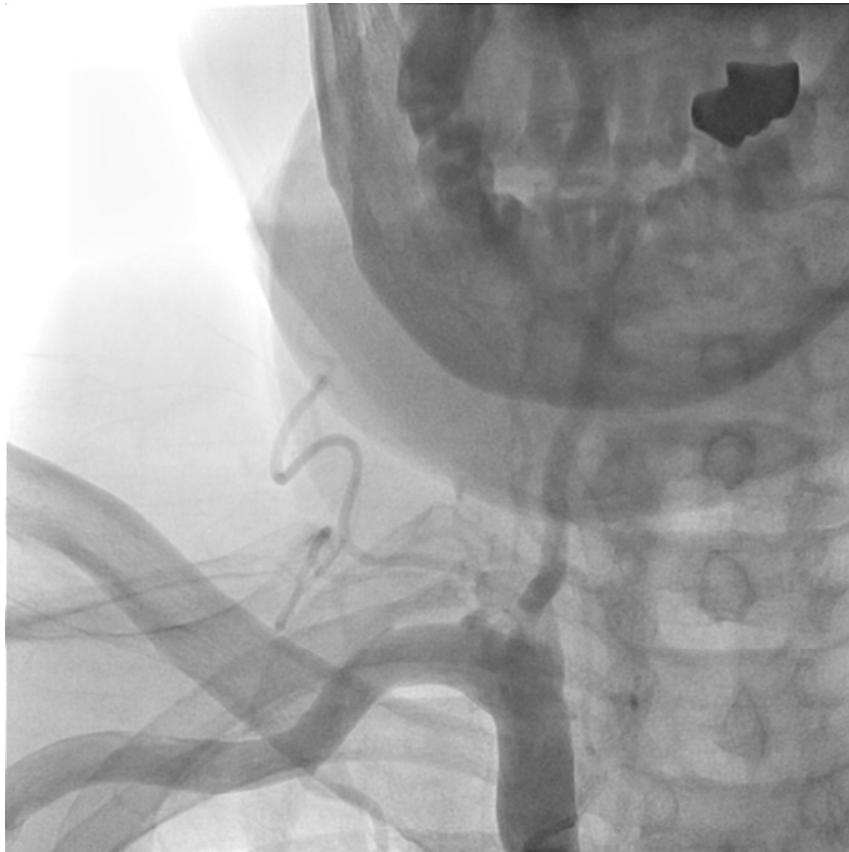
CTP 2011-10



Treatment planning

- EC/IC was refused
- EC₄V with/without recanalization attempt scheduled in 2011-11 after informed consent

Patent bilateral VAs



Patent RICA with cross-filling



LICAO



Distal ICA via OA



Recanalization strategy

- Femoral 8F approach with JR₄ 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 Finexcross

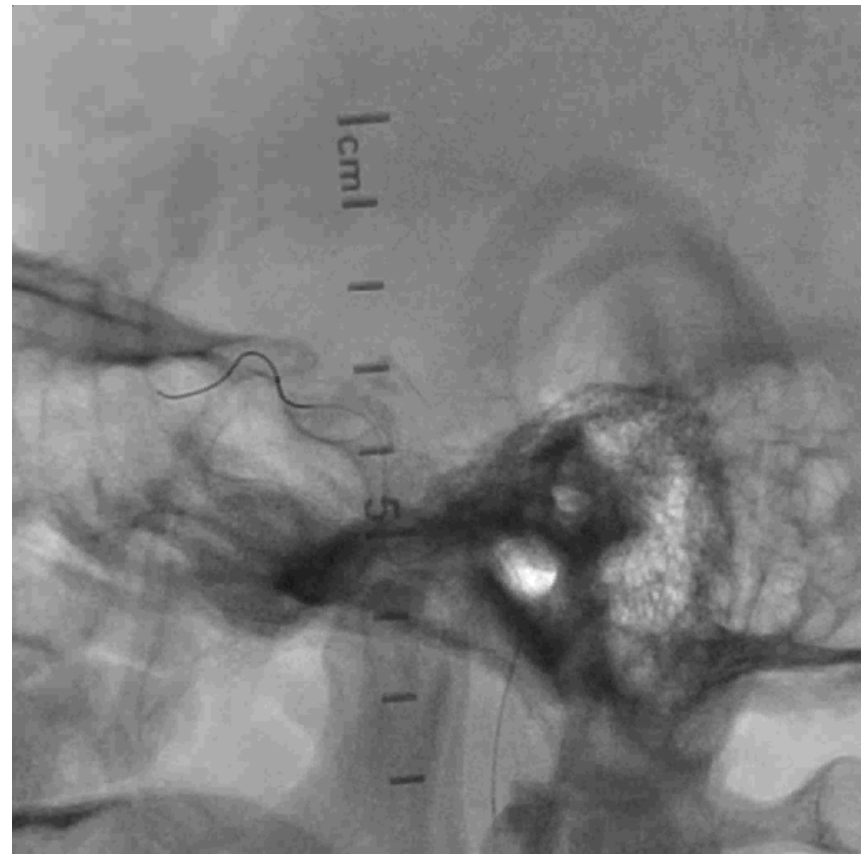


Conquest Pro in Finexcross

Finally wired into OA



Fielder FC in Finecross

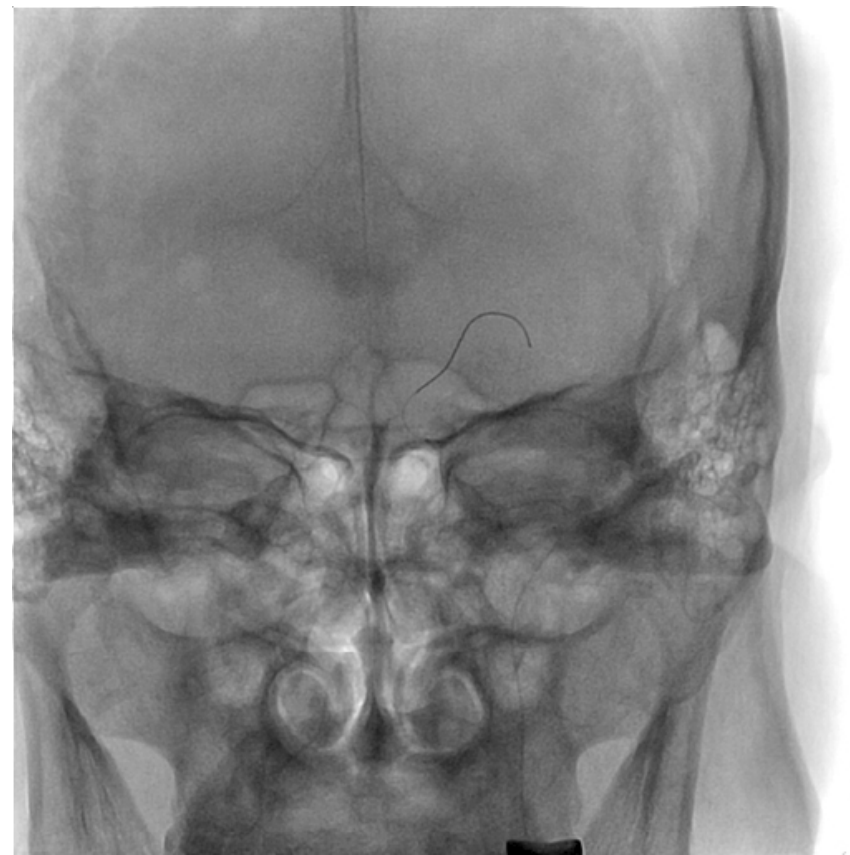


Fielder FC in Finecross

Confirmed and wire in MCA



Finexcross injection

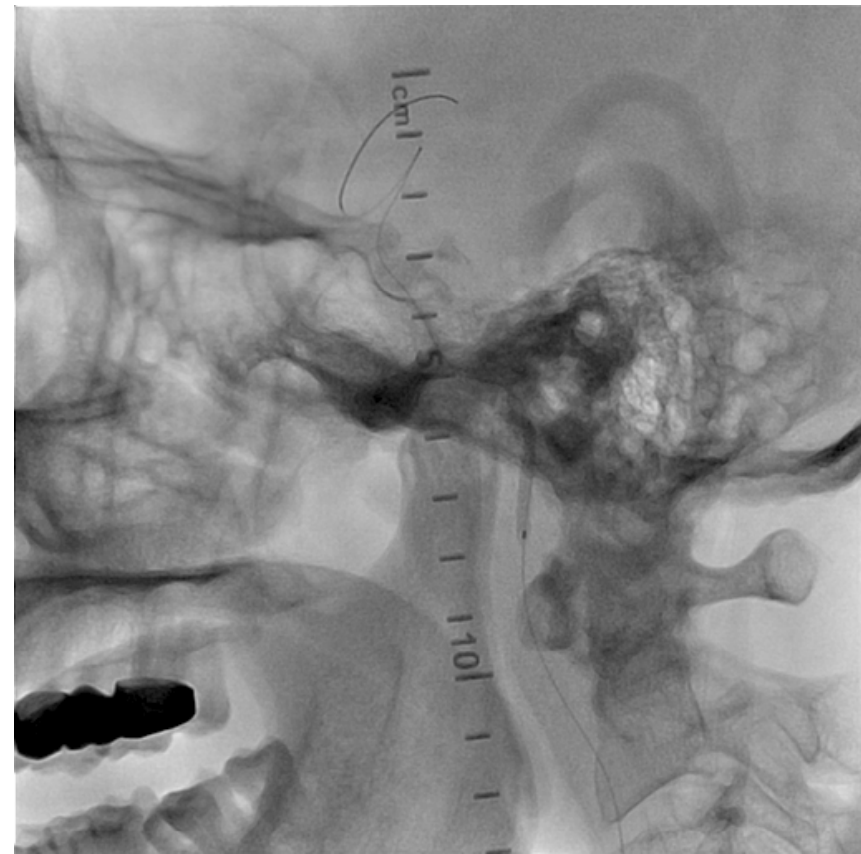


Sion in MCA

Small-size ballooning

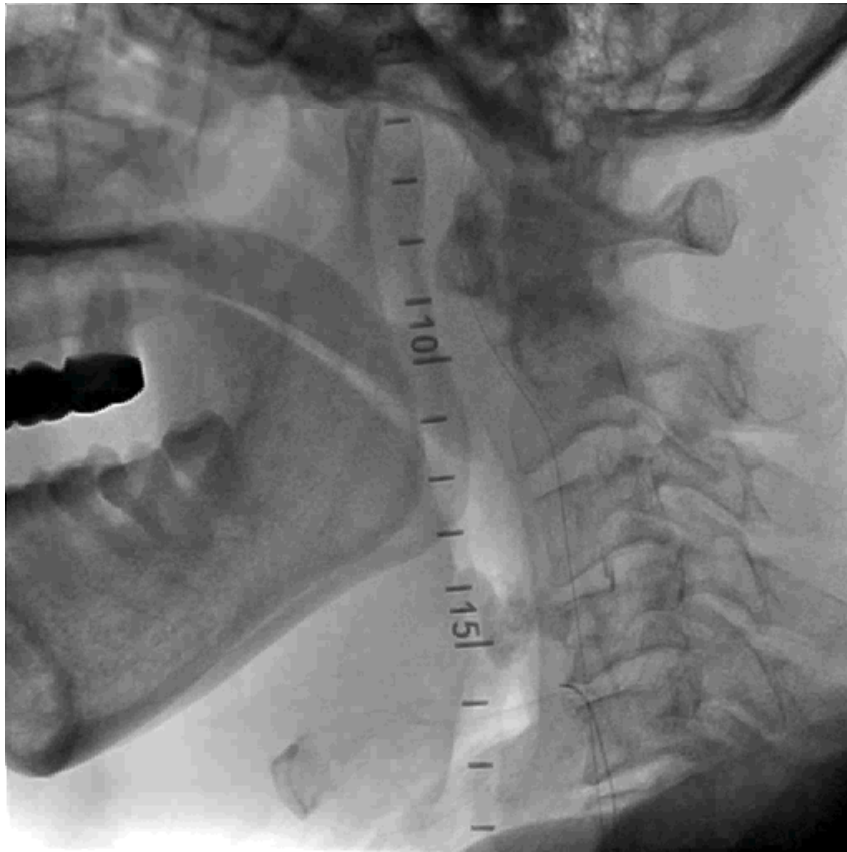


1.5mm Ikatzuchi



2.0mm Ikatzuchi

Yeahhh....oops

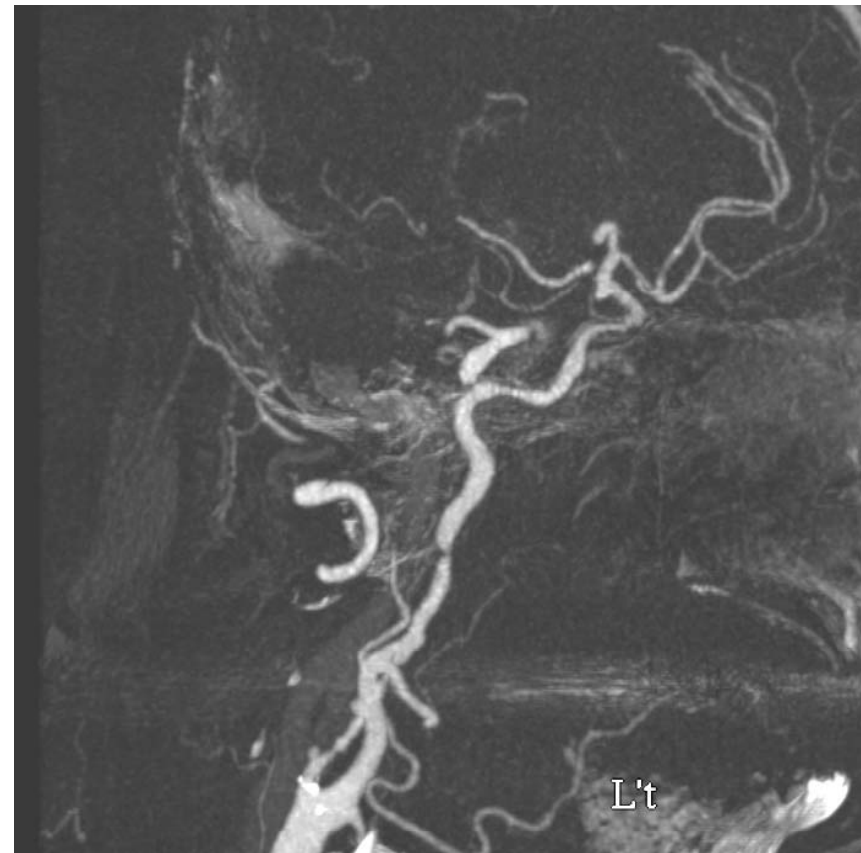


What now?

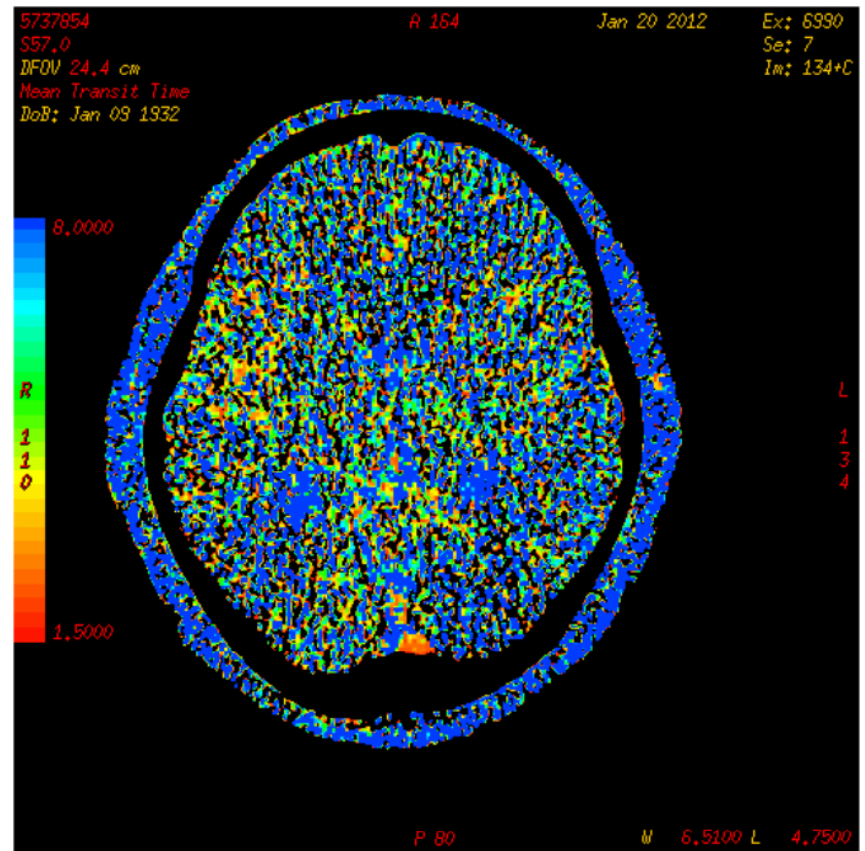
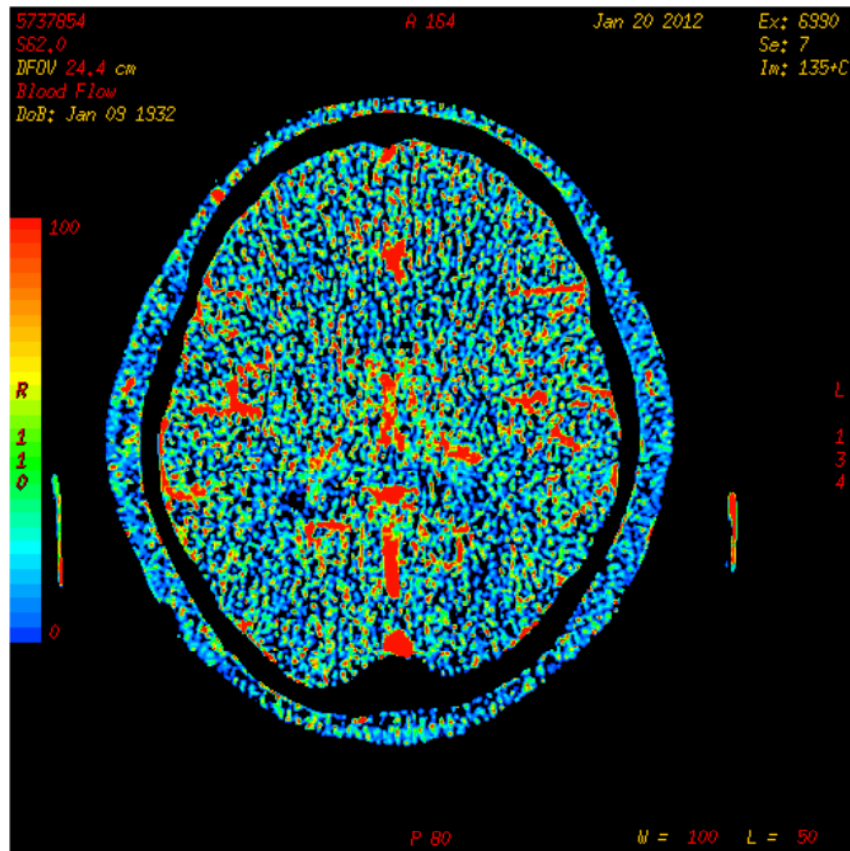
- Patient totally asymptomatic
- Transfer to ICU for observation
- Reverse heparin, maintain lower BP
- Discharged 1 week later without any complaint or sequela

- Follow-up CT 1 month later if stable

CTA 2012-1



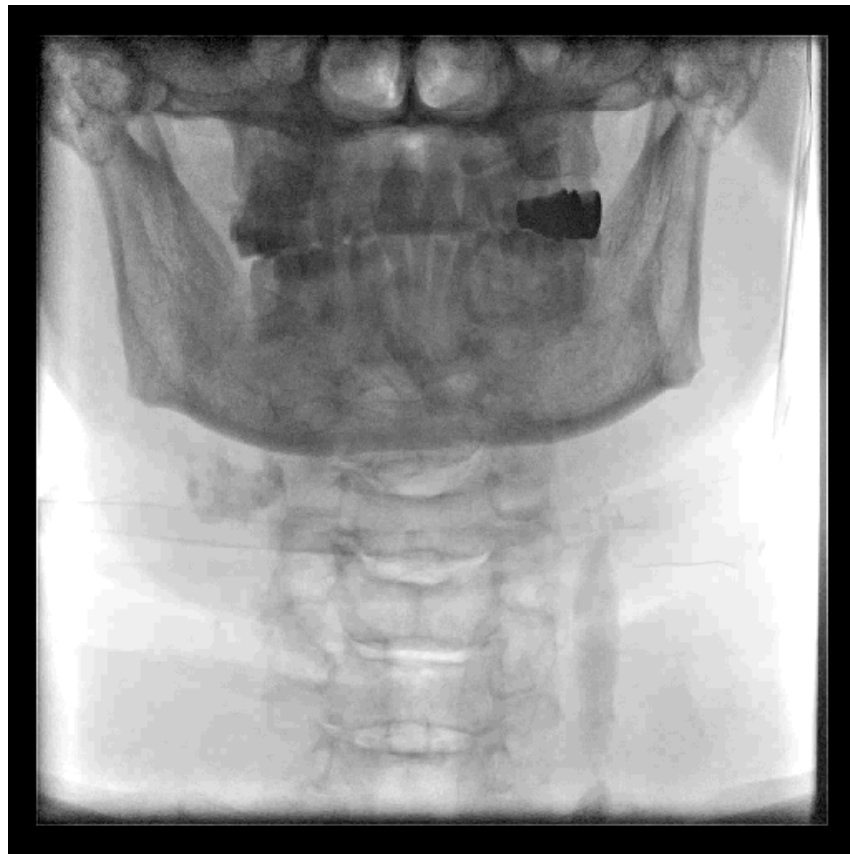
CTP 2012-1



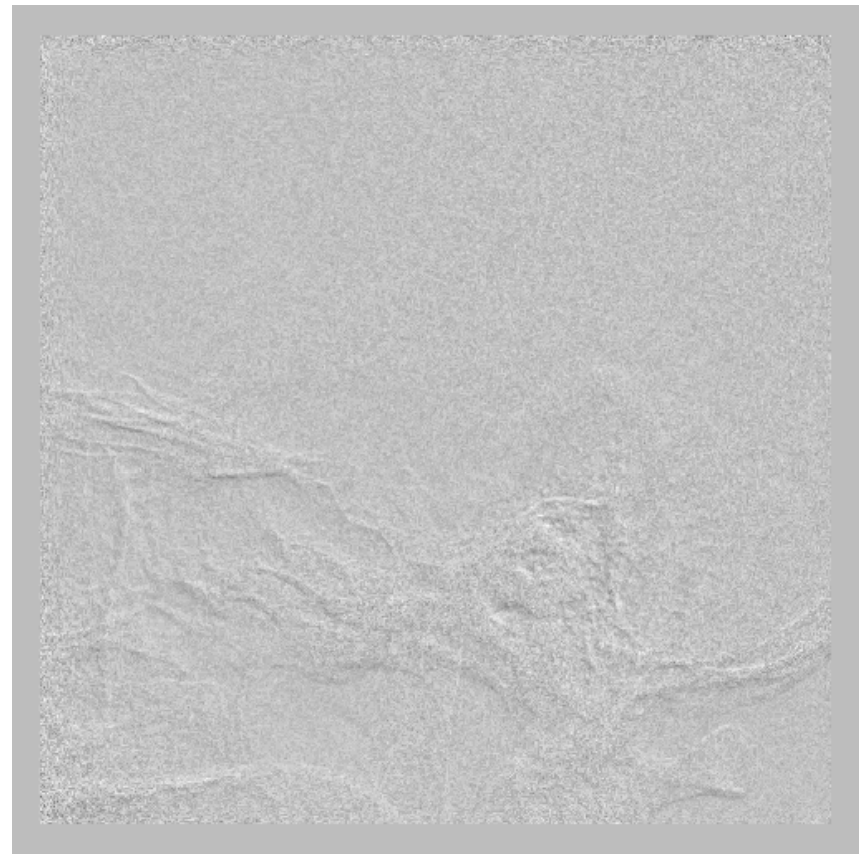
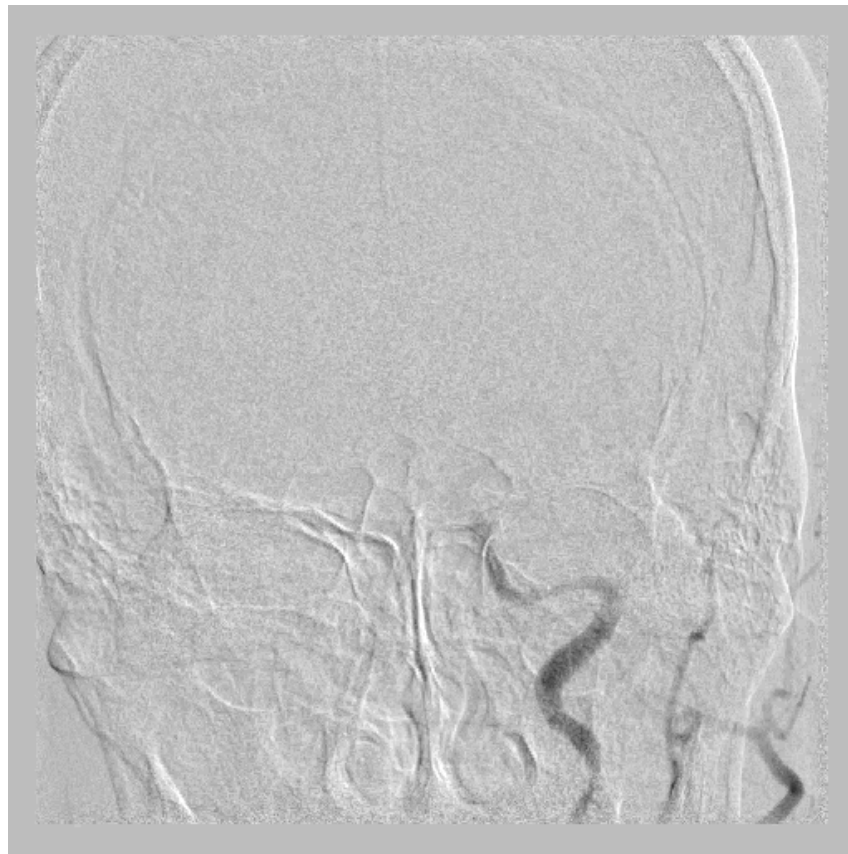
Staged CAS in 2012-2

- Confirm resolution of CCF first
- Proximal embolic protection
- Self-expanding stent for cervical ICA and balloon expandable for distal lesion

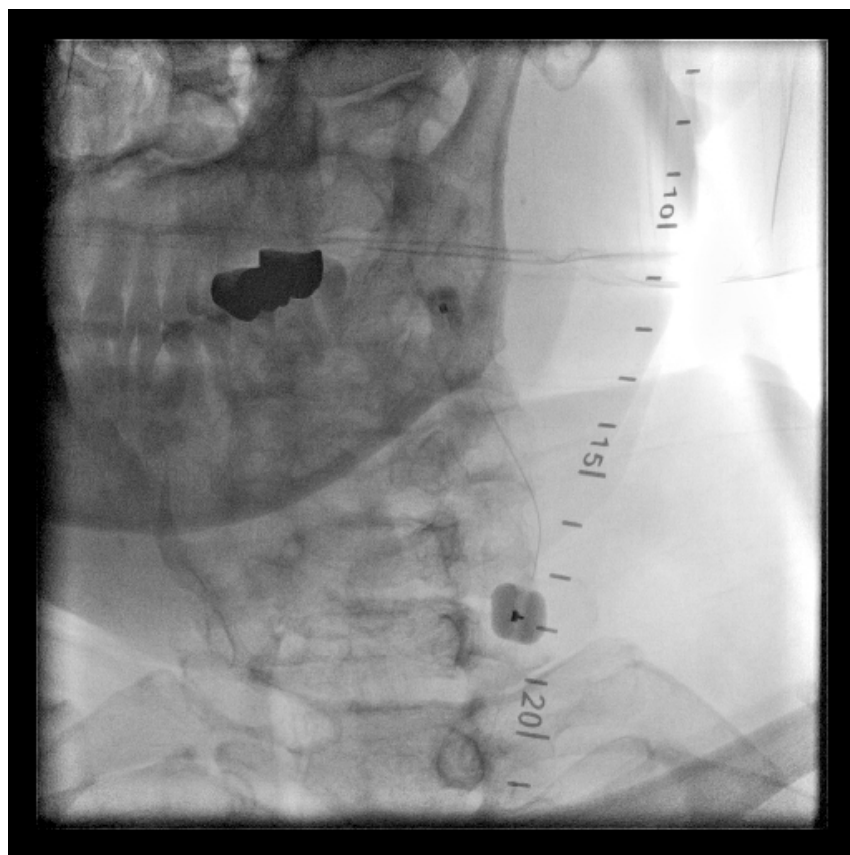
Cervical LICA



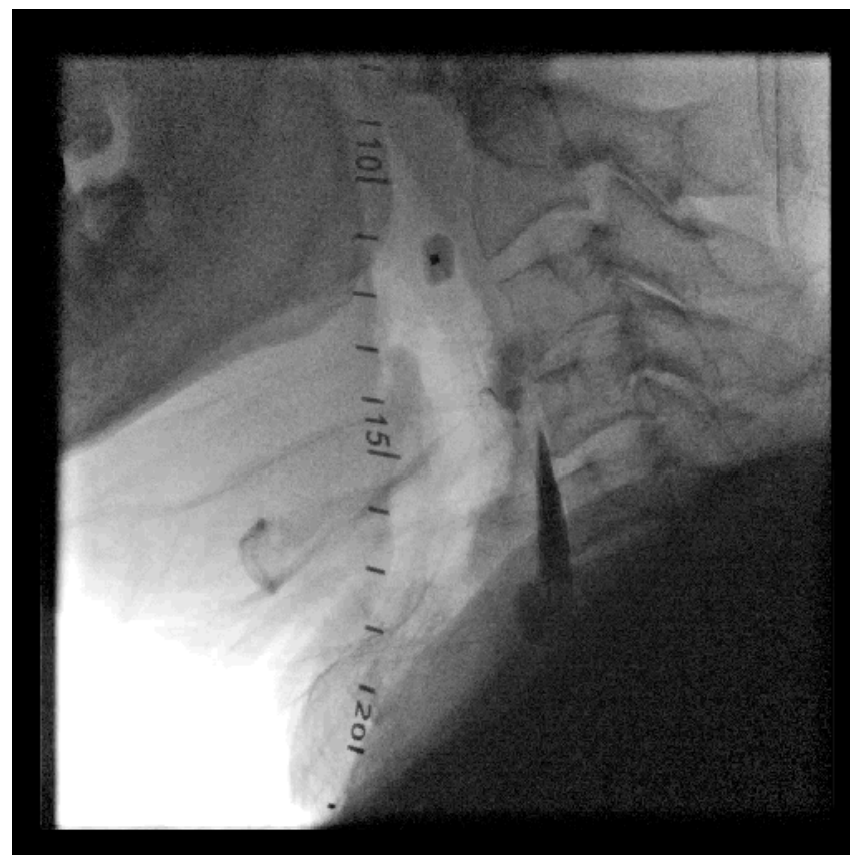
LICA IC



MoMA protected wiring



8F MoMA



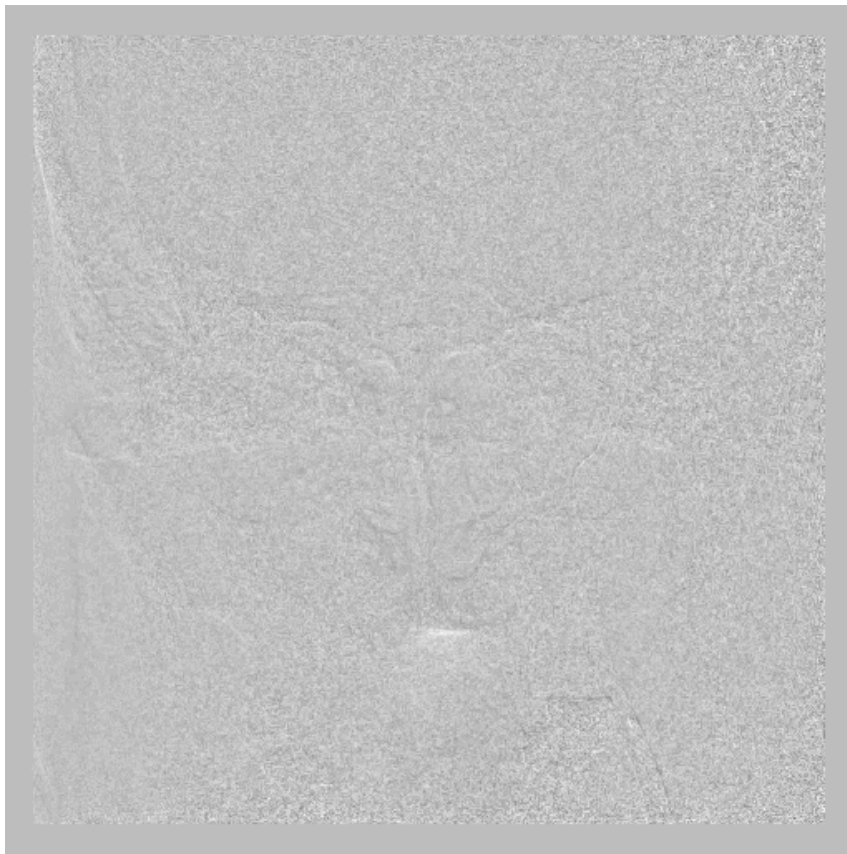
Sion

Wall stent and aspiration



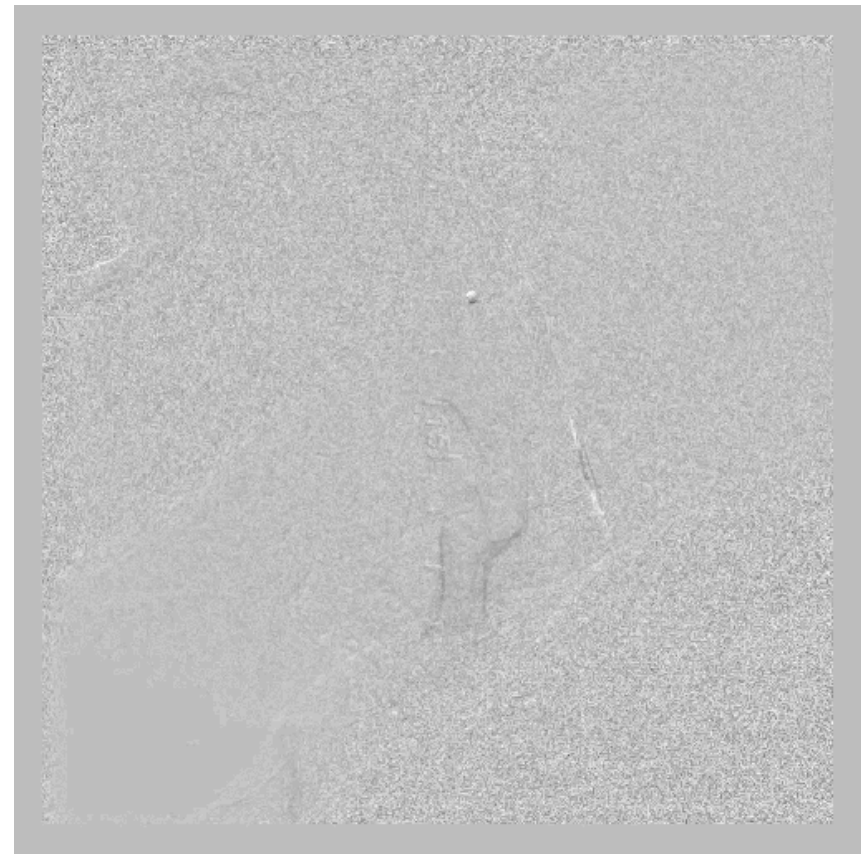
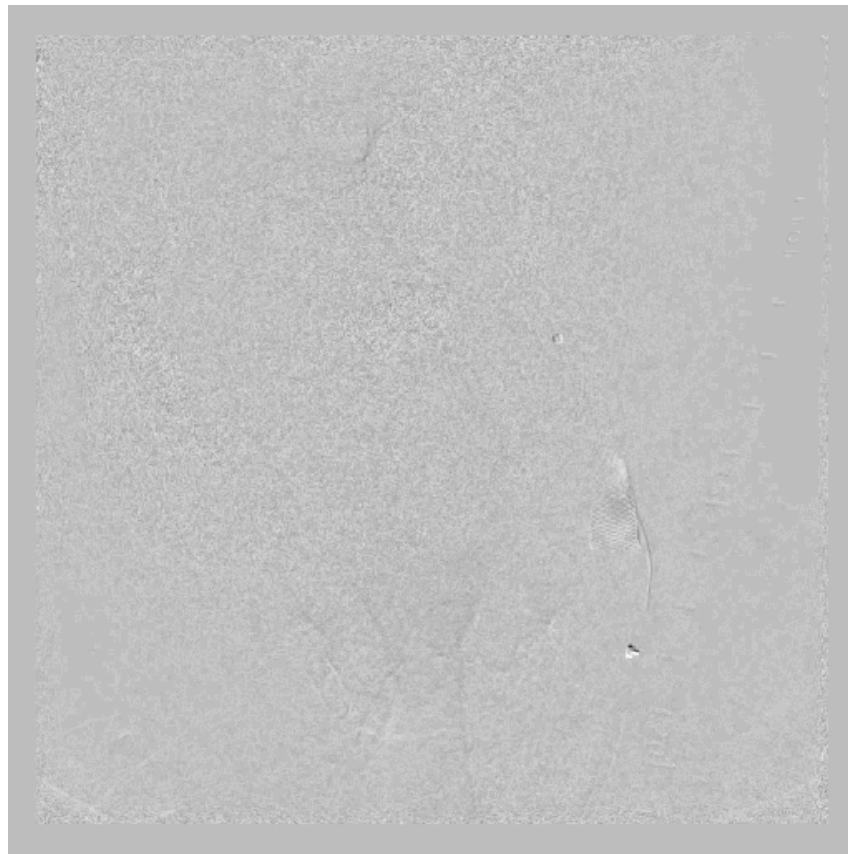
7x50mm Wall stent dilated with 6mm Sterling

Tsunami for distal ICA

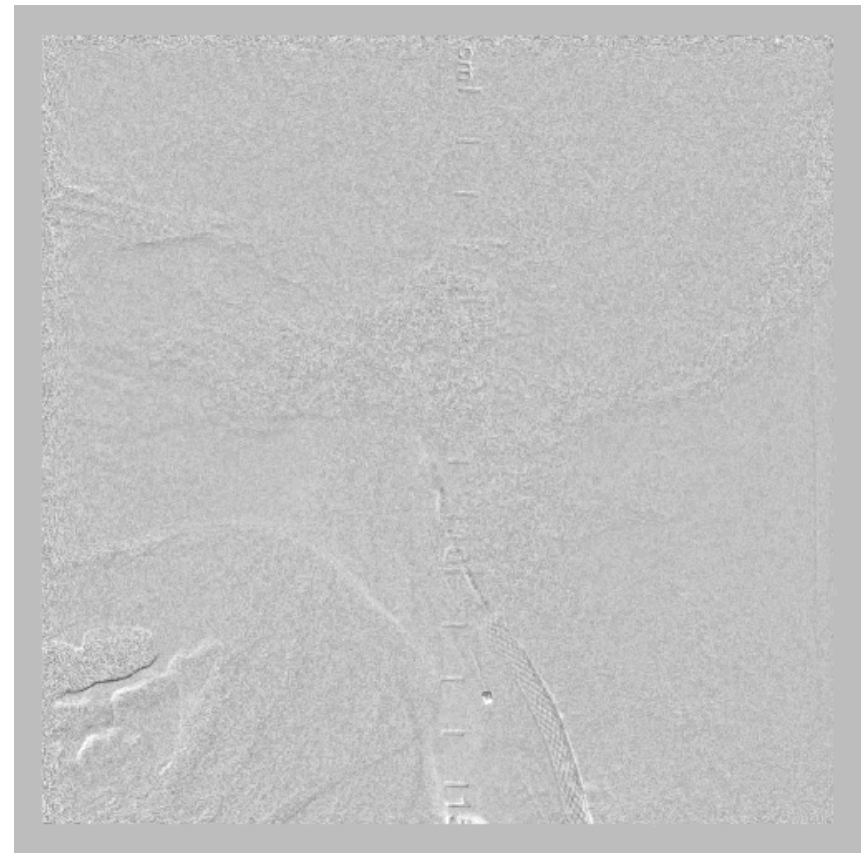
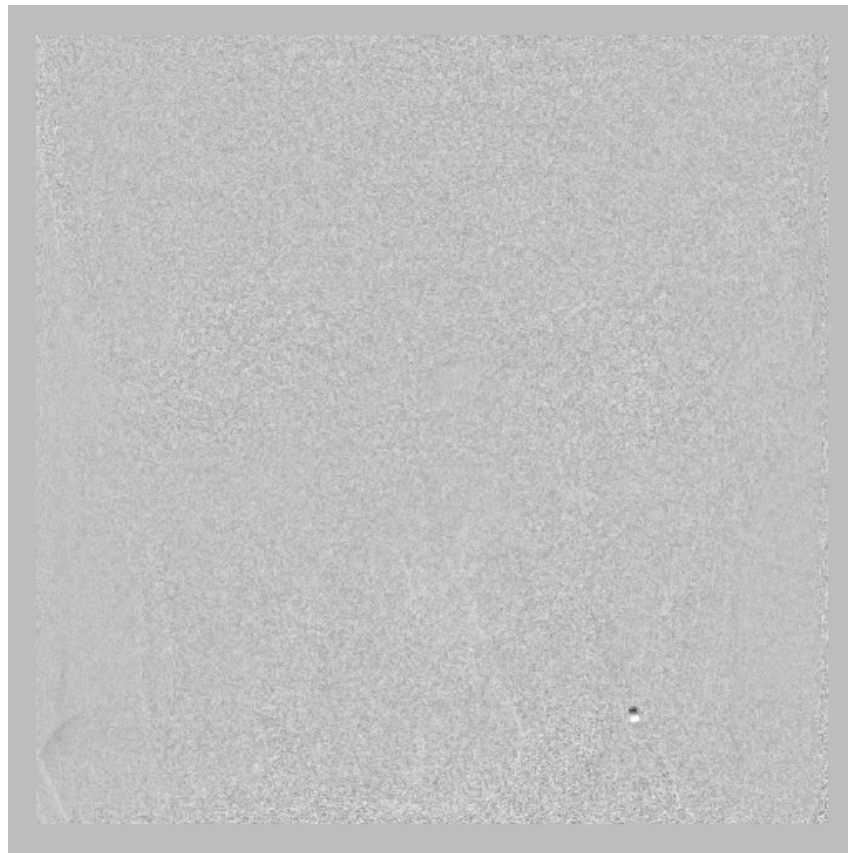


3.5x20 Tsunami stent

Final cervical LICA



Final LICA IC



Clinical course

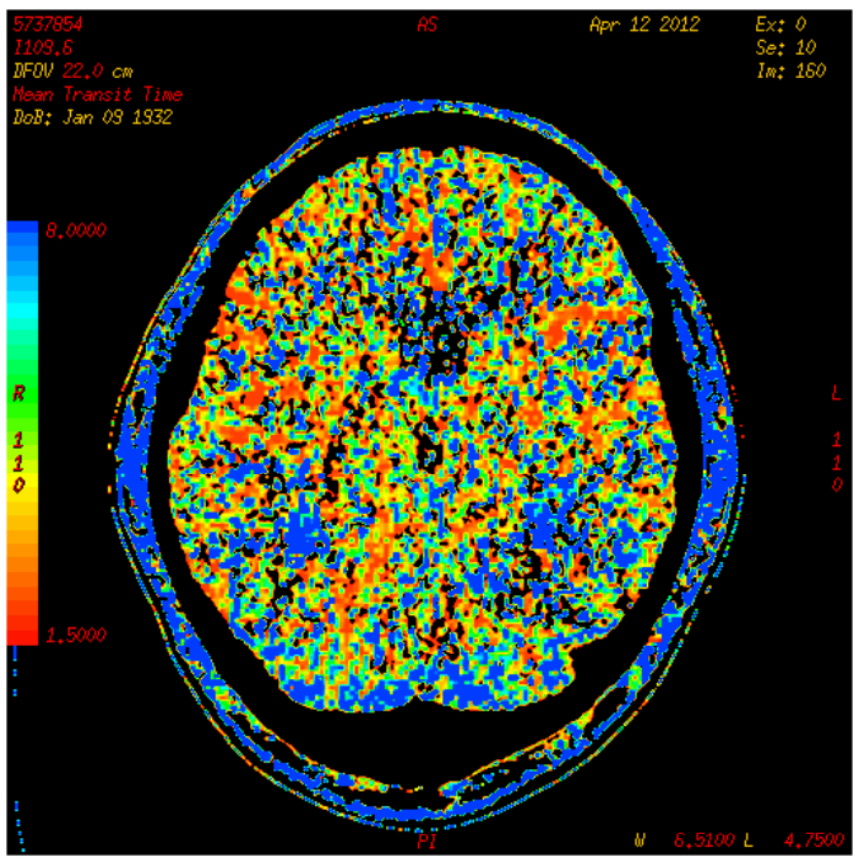
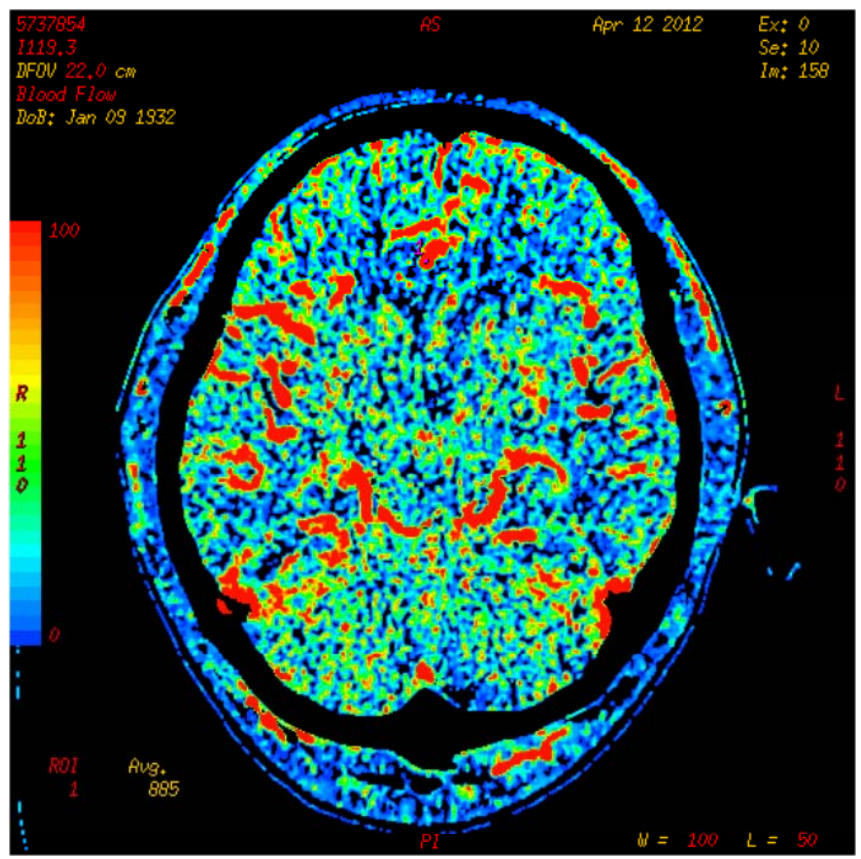
- ICU overnight observation without any event
- Discharged 2 days post procedure
- DAPT

- Clinical follow-up without any complaint

CTA 2012-4



CTP 2012-4



Conclusion

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