

ABSTRACT

With more than 6,000 CAS I thought that I have seen nearly all types of complications. But there is always a chance for something new.

Call: Prof., please come to the angiolab.

It is rarely good when you get such a call.

In the angiolab: Oh, I see you have already placed the stent.

Answer: Yes, but look what you will see when I inject some contrast material.

Oh, the stent is not placed in the ICA, but ...

Yes, we have placed the stent from the ECA to the CCA and the stenosis is still their.

Patient: M. S. m-48

- symptomatic left ICA stenosis
- DW-MRI positive
- US: systolic flow velocity 285 cm/sec
- angio: short lesion, elongated ICA

Concept:

- Removal of filter from the ECA
- Probing of the ICA through the stent meshes with a guidewire Choice PT Extrasupport™
- Rupture of stent meshes with balloons with increasing diameter from 2 mm to 6 mm
- Placement of stent through the stent meshes of the misplaced stent
- Dilatation of stenosis and placement of a Xact stent™ from ICA to CCA.
- In-stent dilatation 5mm
- Some spasm, but good flow

Conclusion: Better look twice!

ANGIOGRAMS



TREATMENT



RESULTS

Successful removal of the ICA stenosis by bifurcational stenting.

MATERIALS USED

- FilterWire RX
- Precise Stent™ Ø 7 mm
- Balloon diameter Ø 5 mm

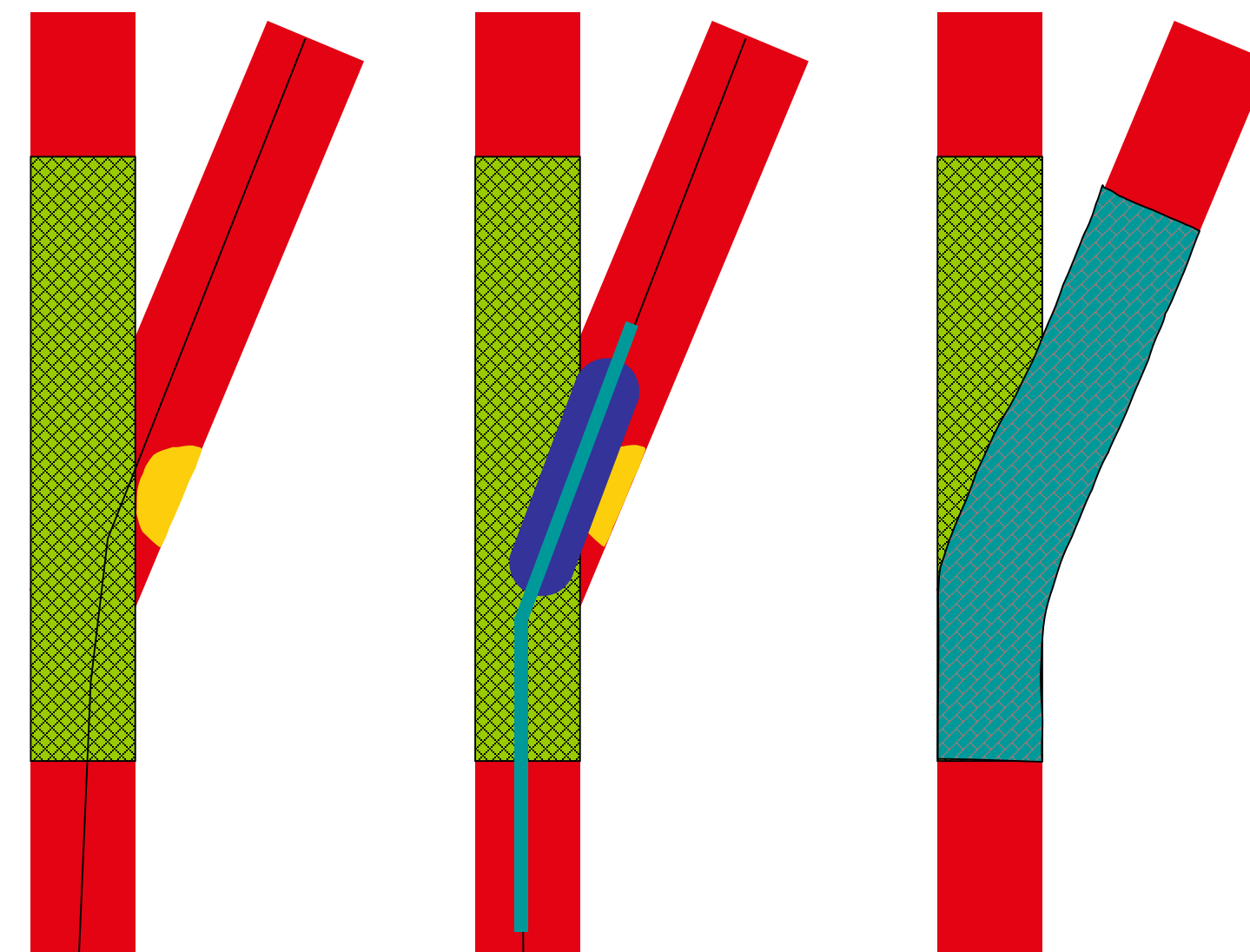
MATERIALS FOR REPAIR

Guidewire: Choice PT Extrasupport™

Balloons from 2 – 6 mm

Xact Stent™

CONCEPT



CONCLUSION

Lessons learned

- look for a good projection of the bifurcation
- check your steps before you do something which can not be reversed
- know how to fix problems by endovascular techniques
- never feel too save

DISCLOSURES

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