Angioplasty and stent placement of a jailed right common carotid artery in a high risk patient in the setting of acute stroke

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Disclosure

Speaker name:
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I have the following potential conflicts of interest to report:

- Consulting
- Employment in industry
- Stockholder of a healthcare company
- Owner of a healthcare company
- Other(s)

- I do not have any potential conflict of interest
Case Presentation

- 65 yo female with severe O2-dependent COPD, HBP, HLD, stage III CKD, CAD with prior MI treated with LCX PCI and LVEF of 35%, S/P ICD
- S/P laryngectomy, radiation and tracheostomy for laryngeal CA
- PAD with prior bilateral iliac stenting, R CFA/SFA plaque excision atherectomy
- S/P right subclavian stent at OSH with encroachment into innominate artery in 2007
Case Presentation (continued)

• Admitted to OSH with right sided stroke, noted to be in Afib, placed on anticoagulation
• Had recurrent right sided stroke despite anticoagulation
• CDUS showed right CCA, left ICA and right subclavian stenoses, transferred to TMH
Critical stenosis of jailed RCCA

R BA sheath

wire threaded between CCA and stent

6F Shuttle sheath
wire advanced to ICA

unable to pass EPD

PTA with 3 mm balloon

EPD delivered
PTA larger balloon

PTA R Subclavian stenosis
Post PTA

R SC balloon, RCCA stent
R CCA stent deployment

Kissing PTA
PTA R SCA

EPD captured
Post-op Course

• Patient discharged next day, had no further stroke symptoms
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