Carotid artery stenting for a stroke one day after acute PCI for STEMI

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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

• 68 yo male smoker with HBP, HLD, DM, CAD with prior LAD PCI presented with 1 week of exertional chest pain and dyspnea
• Took SL NTG resulting in syncope and scalp laceration
• Scalp repaired and EKG performed showing acute inferior-posterior MI
• Underwent emergent cath, LCX DES placed
Case Presentation (continued)

• Next morning awoke with sudden onset left arm weakness
• Emergent duplex revealed ulcerated right ICA stenosis
• MRI revealed acute semiovale lacunar infarct
• Deemed high risk for CEA given <24 hour MI and need for uninterrupted DAPT, so referred for CAS
Baseline aortogram

Baseline right carotid

Critical ulcerated RICA
GW in RECA

5F vert in RECA

MoMa delivered over Amplatz .035” wire
Surgical clips from scalp laceration repair

Baseline cerebral angiograms
Final cerebral angiography
Hospital course

- Patient did well post-procedure, discharged next day on DAPT
- Doing well at 1 month follow-up with improved left arm strength
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