



POSTER

Carotid stenting: who should perform it?

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Abstract

A 75-year-old male patient was electively admitted to the Vascular Surgery department to undergo carotid artery angioplasty and stenting. He was under dual antiplatelet therapy with clopidogrel and acetylsalicylic acid for the last 6 days.

The patient had history of left-hemisphere transient ischemic attack associated with left internal carotid artery stenosis, ischemic heart disease treated with percutaneous coronary intervention, hypertension, type 2 Diabetes Mellitus, chronic HBVB and psoriasis.

The following day, cerebral angiography was performed with left internal carotid artery stenting followed by balloon angioplasty. Immediately after the procedure, the patient presented left arm paresis; a carotid ultrasound showed 75% stenosis. Stroke protocol was activated two hours after symptom onset. Initial observation revealed right superior limb paresis (NIHSS 2). Blood pressure was high - 185/90mmHg. The head CT showed no acute parenchymal lesions. Angio-CT of the su-

pra-aortic vessels revealed a stent thrombosis. Blood pressure was treated and he received a bolus of intravenous fibrinolysis.

A new cerebral digital subtraction angiography was performed, with a symptom-to-puncture time of 3h30, and an intrastent aspiration thrombectomy with a complete recanalization (TICI 3) was accomplished. The procedure lasted for 15 minutes, during which a eptifibatide bolus was administered. Fibrinolytic perfusion was not performed because during the stenting procedure 5000 units of heparin were administered.

The patient had a neurological recovery with a NIHSS of 0 on the following day, and the carotid ultrasound showed stent's patency.

Control head CT revealed no intracranial acute lesions.

The old question remains: carotid stenting, who should perform it? Is it for vascular surgeons or cardiologist to treat? Or should only interventional neuroradiologists do it, since large vessel occlusion ischemic stroke is a well-known complication?

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