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TOPOGRAPHY OF COMMON CAROTID ARTERY BIFURCATION
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The carotid arterial system which consists of right and left common carotid arteries is the main arterial supply of the head and neck. Studies show that variations exist to the level of bifurcation of the common carotid artery. Knowledge of these variations is of importance for surgical approaches in the head and neck region, such as carotid endarterectomy, radical neck dissection, catheterization etc., thereby reduce the risk of operative morbidity and mortality in patients undergoing operations, involving the common carotid artery.

To substantiate the available knowledge about the topographic anatomy of common carotid artery bifurcation and to look for any unusual variation of CCA bifurcation level. And clinical significance of level of common carotid artery bifurcation.

A literature searching and analyzing were performed in Pubmed, Google Scholar, Scopus database, including studies published from last 6 years.

The most frequent location of the common carotid bifurcation level is between C3 and C4 intervertebral disk or the superior border of thyroid cartilage (50-60% right side and 40-45% left side). The highest bifurcation is C2 level (2.3-10%) and the lowest is C7 level (3.5-7.5%).

High carotid bifurcation is of utmost surgical importance for operations in head and neck area. Operation in area of high carotid bifurcation is a predisposing factor for surgical complications, such as injury of hypoglossal and marginal mandibular nerves. Low carotid bifurcation is considered surgically favorable and has not received special attention with only sparse reports on its implications on surgical operations, including anterior cervical discectomy.

The level of carotid bifurcation is important for diagnostic and interventional vascular procedure such as endarterectomy, stenting and embolization in head and neck region.