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COMPLICATIONS AFTER CAROTID STENTING - CASE REPORT

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Introduction. Carotid artery stenosis is a clinically significant disease because it leads to 20-25% risk of ischemic stroke that is associated with arteries supplying blood and oxygen to the brain. The qualification for treatment procedure depends on the percentage of carotid artery stenosis. Nowadays we have two options of surgery interventions in carotid artery area: traditional open surgery repair – endarterectomy and endovascular treatment – carotid stenting.

Case Presentation. 72-year-old man was admitted to the Department of Neurosurgery in Białystok due to asymptomatic 70-80% stenosis of the left internal carotid artery for the endovascular treatment. The procedure was performed in the Department of Interventional Radiology with the use of distal neuroprotection. After proper stent implantation distal protection did not close and caused iatrogenic migration of the stent during attempt of withdrawal. Theis complicatio requiried intervention of a vascular surgeon. The stent and neuroprotection filter got removed, the CEA with primary closure was performed. The deep cervical plexus block was used for this surgery. The patients condition deteriorated during the operation and required endotracheal intubation and general anesthesia at the stage of suturing of the artery. After recovery from anesthesia, neurological complications were observed. The patient with suspected ischemic stroke was taken to the Radiology Suite for a mechanical thrombectomy. Angiography revealed an absent carotid artery flow – again a surgical revision was required. Embolectomy was performed and the artery was widened with a prosthesis patch. The patient was transferred to the Intensive Care Unit due to respiratory failure after the procedure. The patient left the hospital with minor neurological deficits.

Conclusion.

1. Procedures in the area of cerebral vascularization should be performed in a multidisciplinary medical centre, where, in case of post-op complications, comprehensive treatment is possible.
2. Surgery failure or serious complications may be caused not only by the human factor, but also by unexpected equipment defects and should be taken into consideration when performing the CAS procedure