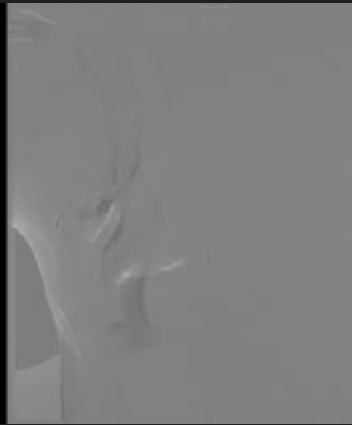




Percutaneous treatment of stenosis and aneurysmatic dilatation of the common carotid artery and left internal carotid artery with self-expandable novel mesh covered stent in patient submitted to thromboendarterectomy previously

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History: P. A. B., 72 y. o. man, suffering from hypertension, dyslipidemia, polyneuropathy, partial gastrectomy, anemia. 01.22.2015 thromboendarterectomy. 04/15/2015: Angiography: critical restenosis and aneurysmatic dilation of the patch on the distal portion of the common carotid artery and at the bifurcation with the internal carotid artery

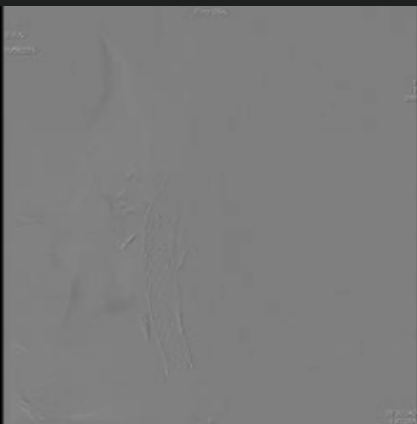


Treatment: Right femoral arterial access with 8 F sheath, guiding catheter AL 0.75 8 F, a distal embolic protection filter. Implantation of two C-guard stents 8.0 x 40 mm distally and 9.0 x 40 mm proximally with overlapping, post dilatation with 5.0 x 20 mm balloon at 10 atm.

CGuard™ Unique Product: Summary

DESIGN	
	<ul style="list-style-type: none">» Nitinol stent platform» 6F self-expanding system» 4 radiopaque markers» Smart Fit™ Technology» Open cell stent platform» Dual layer design with MicroNet™

ADVANTAGES	
	<ul style="list-style-type: none">» Prevents embolization during placement and post-dilatation, offers greater confidence during post-dilatation» Prevents plaque prolapse and late embolization» Flexible without compromising plaque scaffolding» Conformable, reconstructs to natural anatomy» Extremely precise placement» Great visibility under all imaging modalities» Allows for natural endothelialization» Does not inhibit flow to branch vessels» MicroNet™ encapsulates struts mitigating fish scaling



Good final result.



Control after two months: exclusion of the aneurism, no endoleaks, no restenosis

Conclusions: C-Guard stent may be considered the stent of choice in presence of aneurysm of the carotid artery because:

- the PET mesh that covers it reduces the risk of embolization immediately upon release and during the postdilatation,
- once released the stent exerts a radial force directed outward on the vessel walls, re-establishing the patency of the vessel,
- it prevents plaque prolapse and late embolic events,
- it allows the exclusion of the aneurysm providing a more physiological laminar flow into the lumen.