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 thromboendoarterectomy previously

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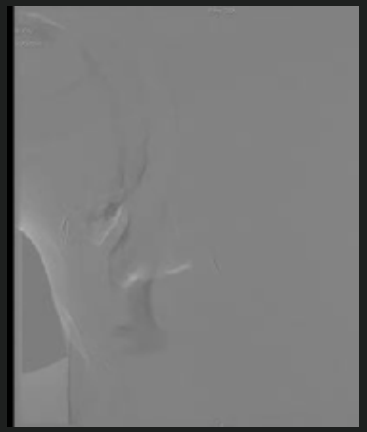
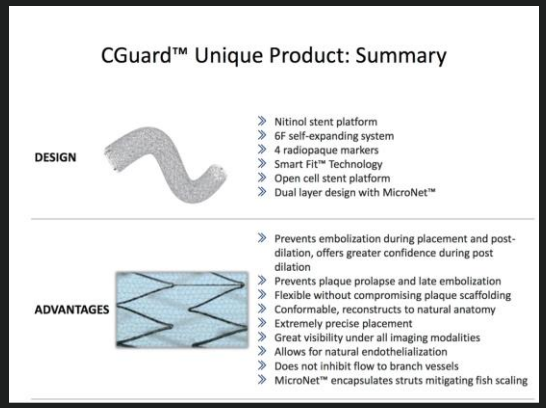
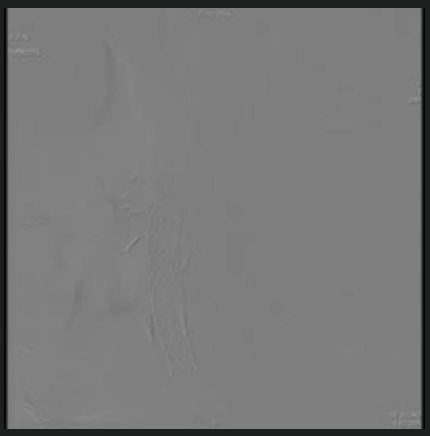
History: P. A. B., 72 y. o. man, suffering from hypertension, dyslipidemia, polyneuropathy, partial gastrectomy, anemia. 01.22.2015 thromboendoarterectomy. 04/15/2015: Angiography: critical restenosis and aneurismatic dilation of the patch on the distal portion of the common carotid artery and at the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





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.