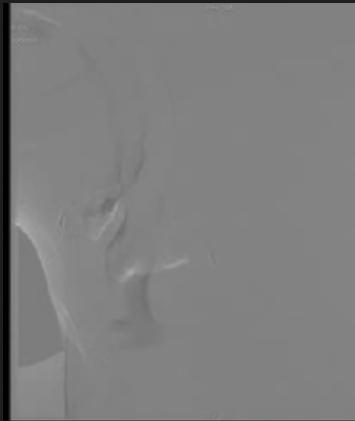




Percutaneous treatment of stenosis and aneurysmatic dilatation of the common carotid artery and left internal carotid artery with self-expandable novel mesh covered stent in patient submitted to thromboendarterectomy previously

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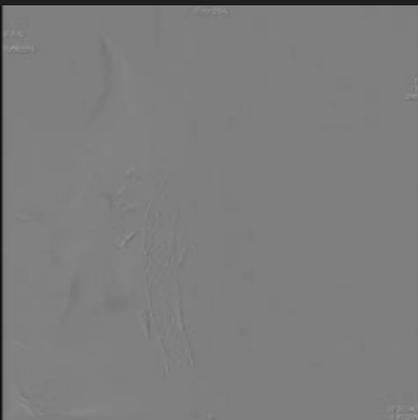
History: P. A. B., 72 y. o. man, suffering from hypertension, dyslipidemia, polyneuropathy, partial gastrectomy, anemia. 01.22.2015 thromboendarterectomy. 04/15/2015: Angiography: critical restenosis and aneurysmatic dilation of the patch on the distal portion of the common carotid artery and at the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