

Management of Carotid Dissection Following Transcarotid Artery Revascularization (TCAR)

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Disclosures

- We have no actual or potential conflict of interest in relation to this program/presentation.

Introduction

- Transcarotid Artery Revascularization (TCAR) has emerged as a safe treatment approach for carotid stenosis
- Reported technical success rates of greater than 95%
- Potential complication of TCAR can be the occurrence of common carotid artery dissection

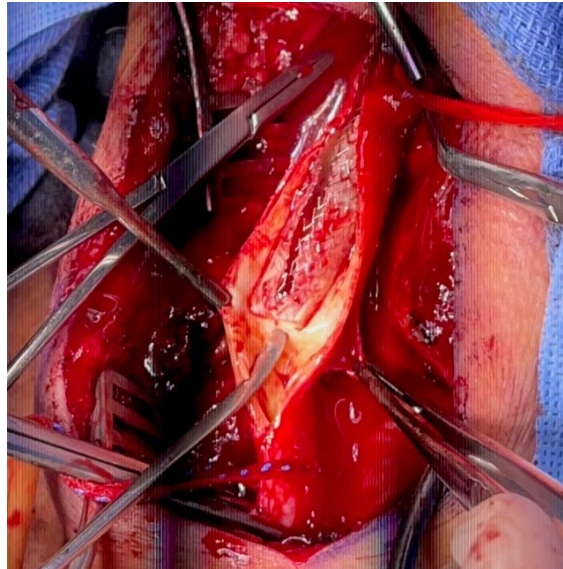
Case 1

- 69-year-old male who presents with incidental finding of right carotid stent in the subintimal plane causing a dissection of the carotid artery
- PMH: CAD, DM2, HTN
- PSH: CABG, TCAR
- SH: Former smoker
- Rx: Aspirin, Eliquis, Carvedilol, Metformin



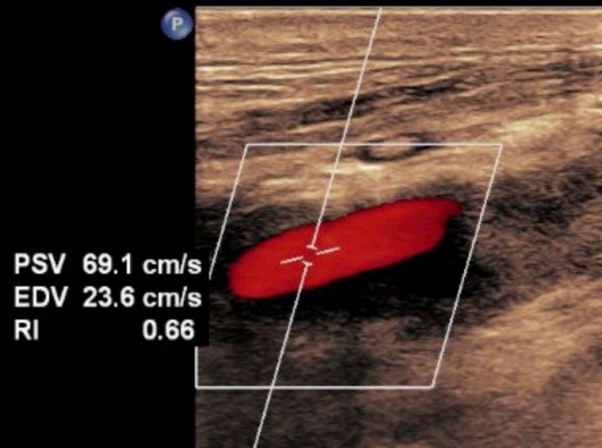
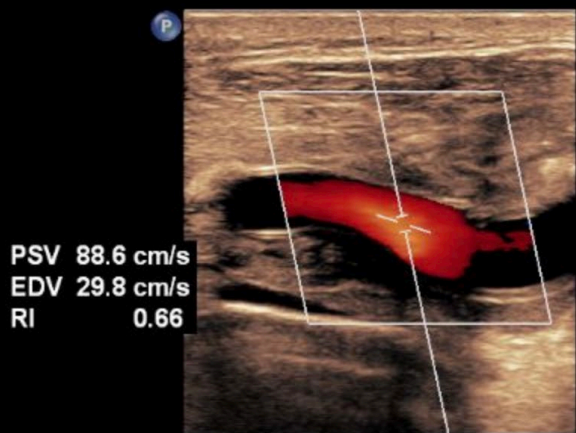
Case 1

- Removal of the right carotid stent, right common carotid to internal bypass using 6 mm PTFE graft with ligation of the external carotid artery were performed



Case 1

- Post operatively, patient was neurologically intact and discharged home on post operative day #2
- A follow-up duplex ultrasound was obtained 1 month post operatively



Discussion

- Management of common carotid dissection during TCAR includes
 - Medical therapy
 - CEA
 - Common carotid to internal bypass
- Dissections are frequently identified intraoperatively
- Imperative to have surveillance following carotid vascular interventions as delay complications can be identified to prevent adverse outcomes

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