



# ONE-PASS M2 RECANALIZATION AFTER CAROTID BLOWOUT REPAIR

NeVa™ (4.0 x 22 mm)

## Presentation

64 year old Male patient with history of nasopharyngeal cancer (NPC) treated with radiotherapy 12 years ago.

Recurrent tumor was identified during follow up.

During biopsy performed under general anesthesia, profuse bleeding occurred at the early stages of the procedure and could not be controlled with local surgical intervention.

DSA confirmed carotid blow-out and associated left MCA upper trunc occlusion.



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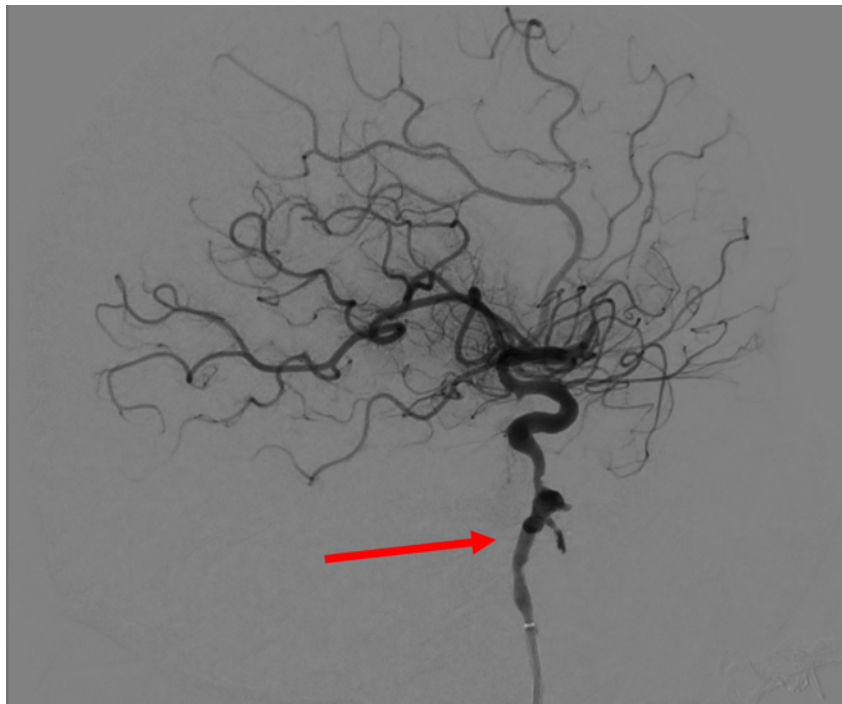


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## Pre-Procedure Angio Images



AP View



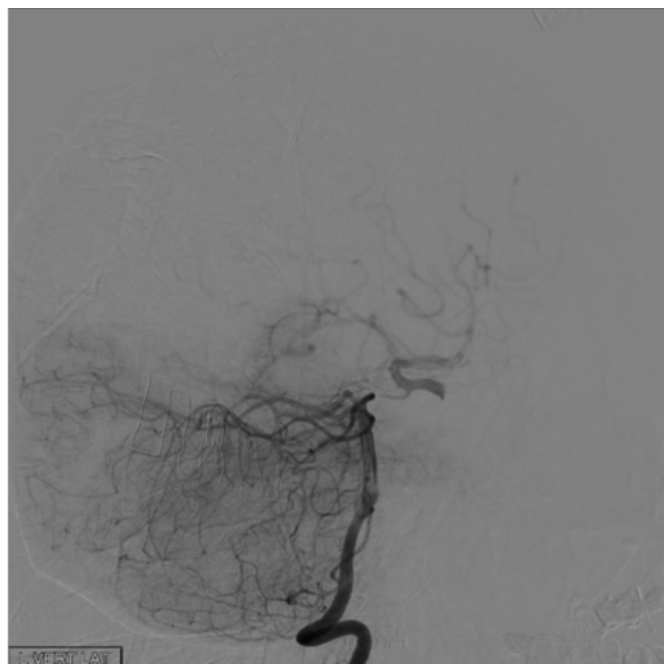
Lateral View

Right ICA and Basilar DSA images showing insufficient collateral flow to left ICA territory. As a result, occlusion of Left-ICA was ruled out as a treatment option and the decision to graft the bleeding lesion was taken.

See below angio images from injections into the right ICA and into the Basilar artery to check collateral flow:



AP View of R-ICA

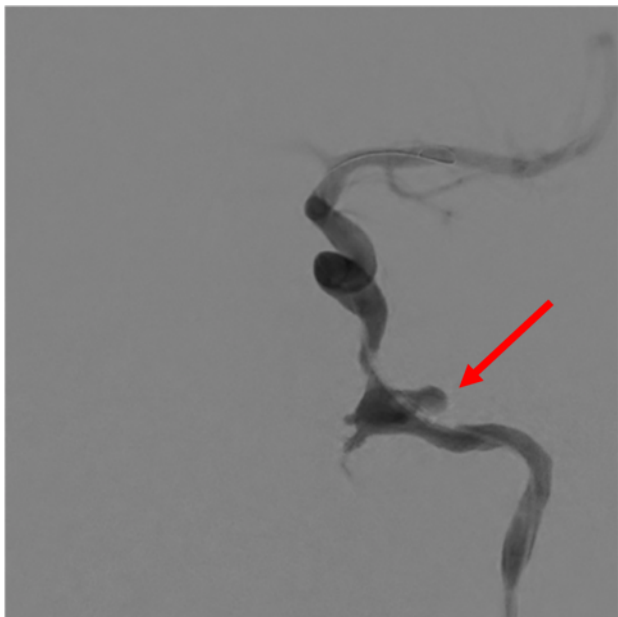


Lateral View of Basilar A

## Step 1: Stent Grafting of the Carotid Blow Out

A stent graft was positioned across the lesion in order to stop the bleeding and reconstruct the torn carotid segment.

Angio images (DSA) before stent-graft placement:



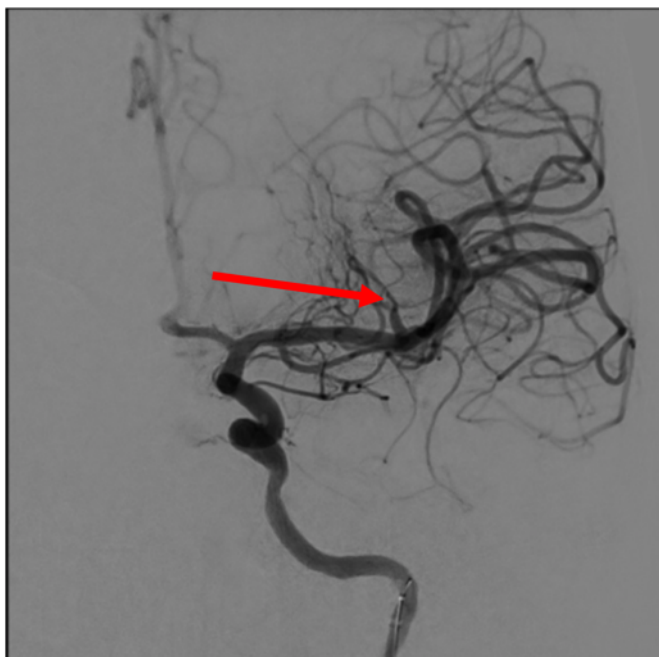
AP View



Lateral View

Angio images (DSA) post stent-graft placement:

- Confirmed reconstruction of the parent artery and stopped bleeding
- Showed occlusion of upper MCA with a perfusion defect



AP View



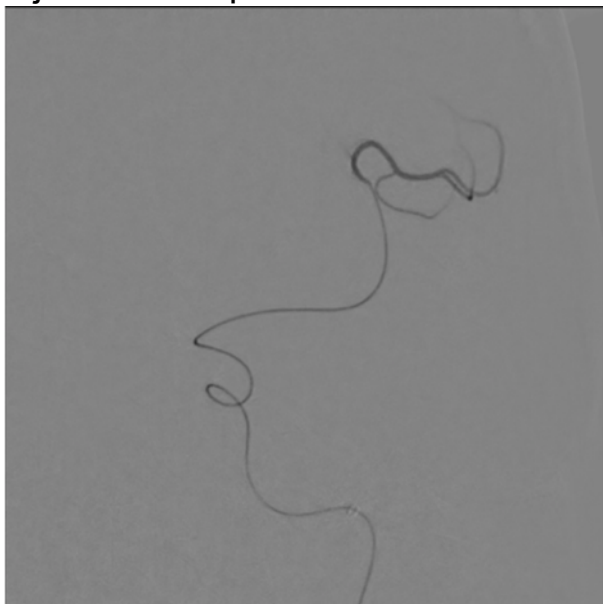
Lateral View



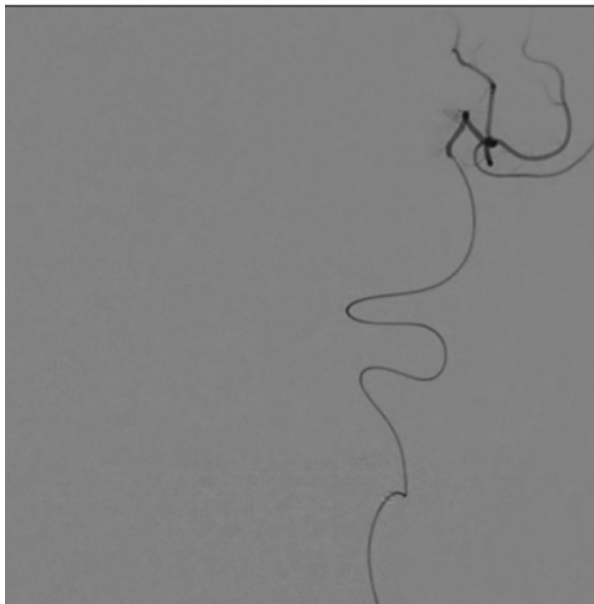
## Step 2: Thrombectomy of the MCA

A 5 Fr distal access catheter (DAC) was driven past the initial carotid lesion, going through the stent graft.

A 21" ID microcatheter was then driven past the occlusion and microcatheter injection was performed to visualize distal circulation.



AP View

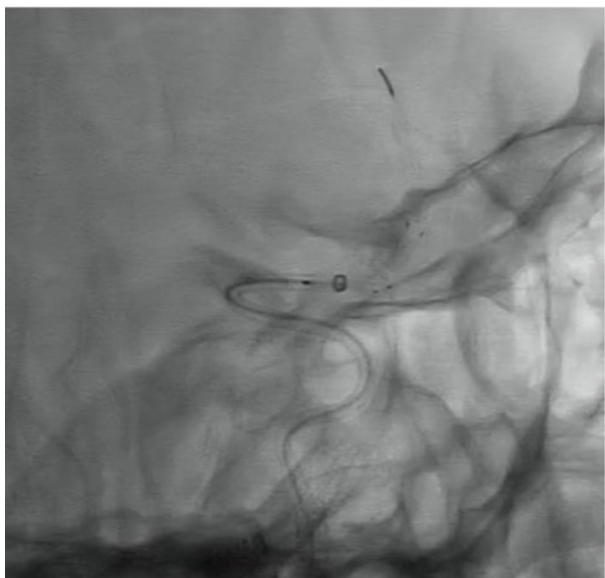
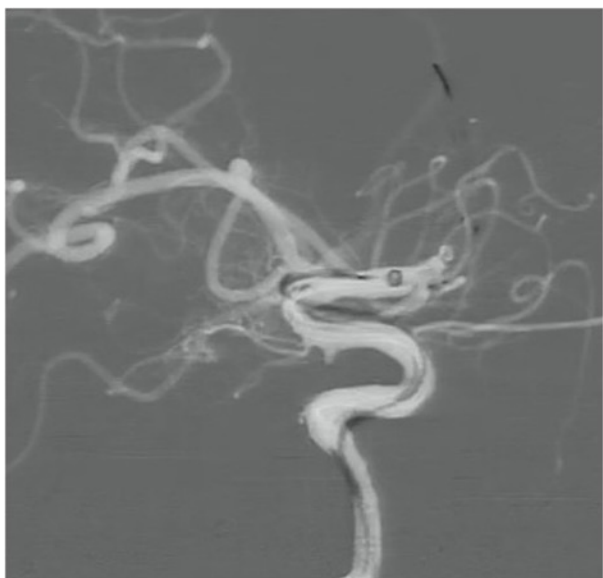


Lateral View

Thrombectomy was performed using the NeVa 4 x 20 mm

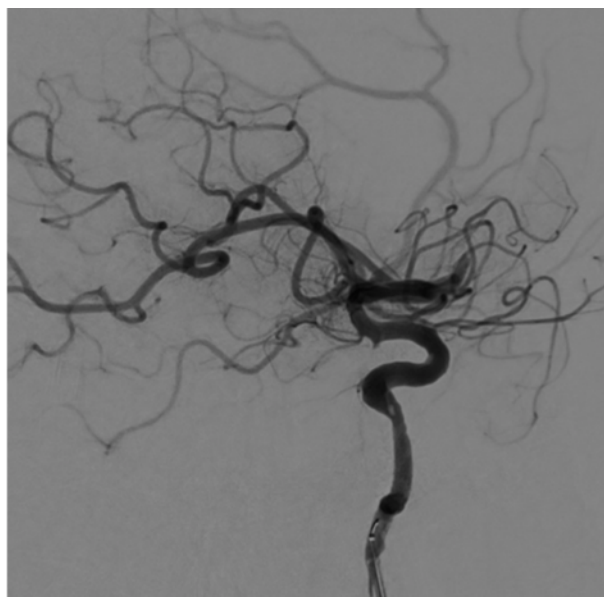
NeVa was retrieved into the 5 Fr DAC

See below images to observe NeVa placement, with the proximal Drop Zone positioned right on the suspected position of the clot:

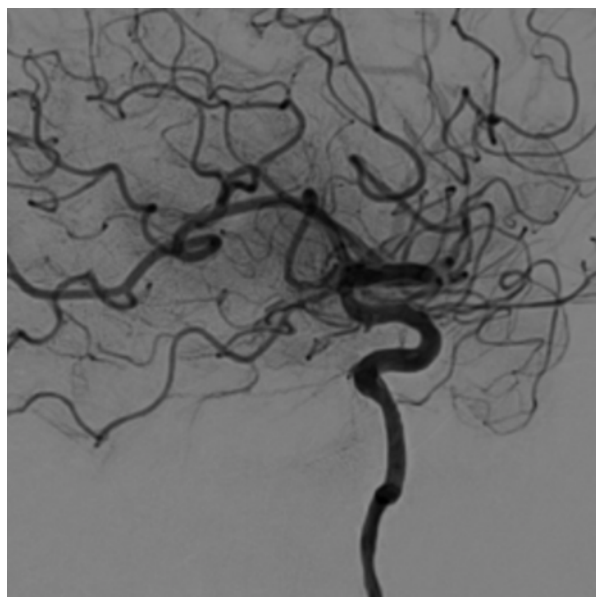


## [Click Here to Watch the Procedure](#)

Before-After the Recanalization:



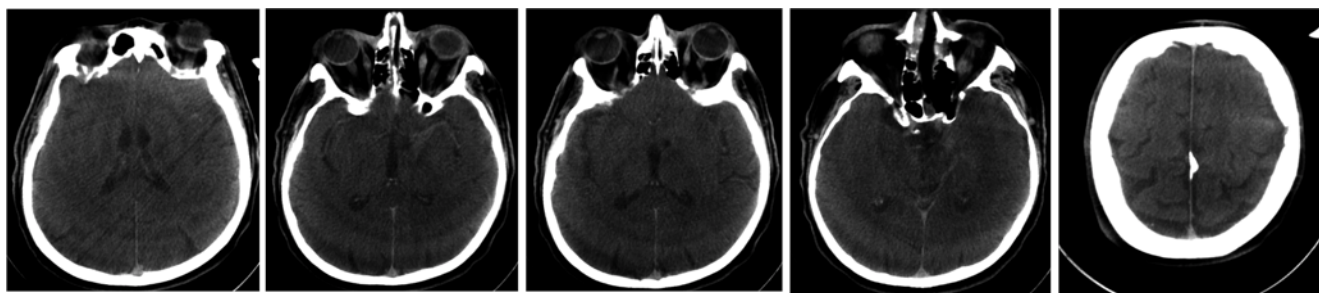
AP View



Lateral View

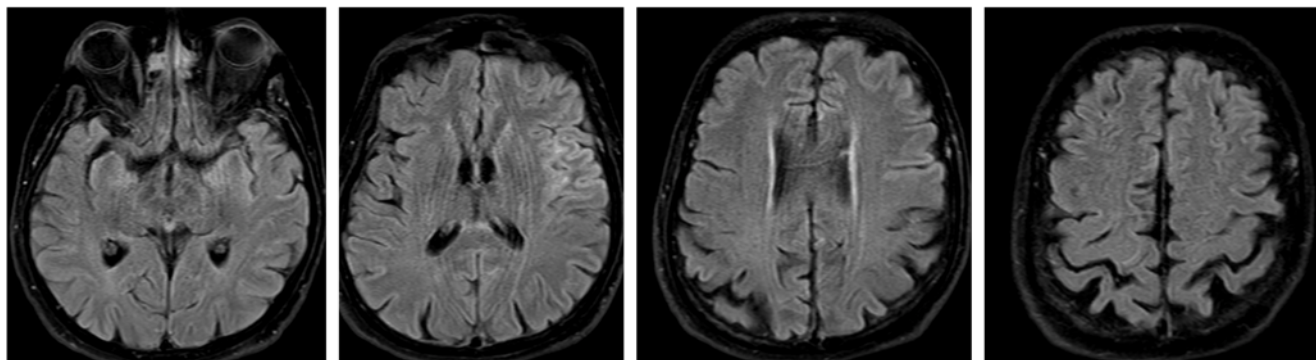
## **Post-Op CT**

Post-Op CT images show absence of ICH.



## **24 H Control MR Flair Images**

24 h MR FLAIR images show no infraction in the brain parenchyma.



## Procedural Statistics

The total procedure including stent grafting of the carotid blow out took 32 minutes.

The thrombectomy procedure, from post-stent graft DSA to recanalization took 10 minutes.

## Clinical Success

24 hour NIHSS of the patient was 0: neurologically intact without any motor deficit.

At VESALIO, we feel blessed to be part of the stroke field where together with these dedicated stroke teams, we can make an incredible impact on people's lives.

Thank you Istanbul Cerrahpasa stroke team: Prof Kizilkilic, Dr Korkmazer, Yunus Demir and all the lab technicians and nurses as well as the anesthesiology team supporting this case.

| 24 hour- NIHSS             |          |
|----------------------------|----------|
| 1a Level of Consciousness  | 0        |
| 1b LOC Questions           | 0        |
| 1c LOC Commands            | 0        |
| Best Gaze                  | 0        |
| Visual Fields              | 0        |
| Facial Palsy               | 0        |
| 5a Left Motor Arm          | 0        |
| 5b Right Motor Arm         | 0        |
| 6a Left Motor Leg          | 0        |
| 6b Right Motor Leg         | 0        |
| Limb Ataxia                | 0        |
| Sensory                    | 0        |
| Best Language              | 0        |
| Dysarthria                 | 0        |
| Extinction and Inattention | 0        |
| <b>Total</b>               | <b>0</b> |