

Clinical Case Report

Stenting of a carotid bifurcation using *syngo* DynaCT

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Dr. Cekirge and his team are performing an interventional procedure on their new AXIOM Artis dBA

Patient history:

76-year-old male with transient ischemic attack (TIA) of right carotid circulation.

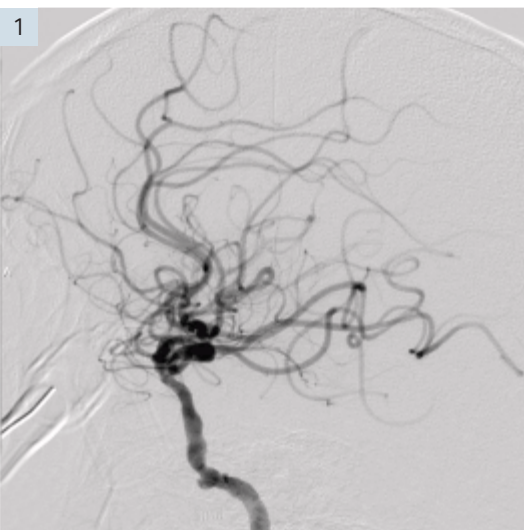
Diagnosis:

The angiogram showed a high-grade stenosis at the right carotid bifurcation and an irregular atherosclerotic lesion in the right petrous internal carotid artery (ICA) above the stenosis at the carotid bifurcation.

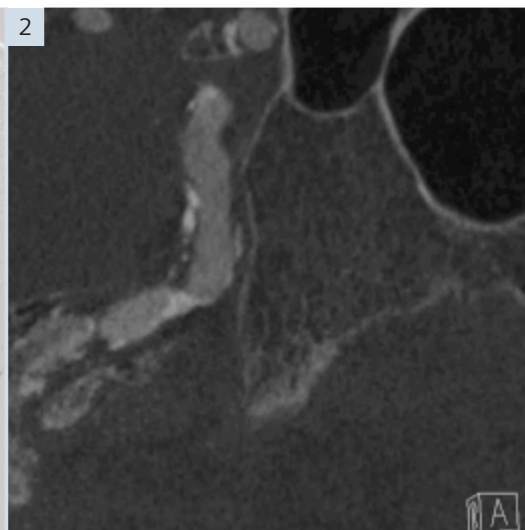
Treatment/Comments:

The lesion at the bifurcation was stented and the patient was discharged home with no complication with anti-aggregating treatment.

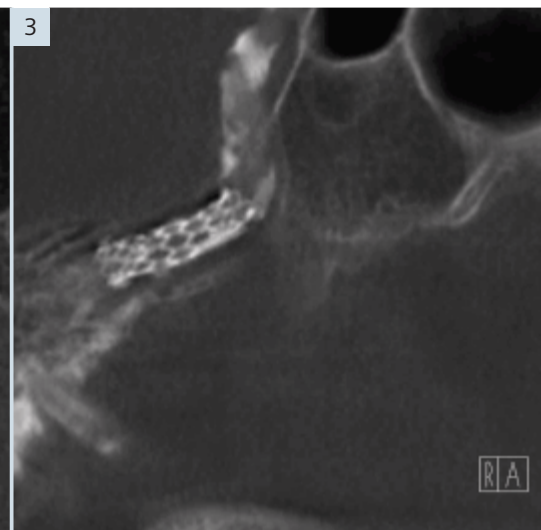
[1] Irregular atherosclerotic lesion in the right petrous ICA shown with 2D angiography.



[2] Axial syngo DynaCT angio image perfectly demonstrating that the lesion in the petrous ICA is calcified and very stenotic.



[3] Good positioning of the stent and efficient dilatation of the lesion demonstrated in post stenting syngo DynaCT angio.



However, six weeks later he had another episode of TIA located to the right carotid circulation. Doppler US on his readmission showed excellent patency of the stent placed in carotid bifurcation. We then decided to take the patient to angio to re-evaluate the atherosclerotic lesion in petrous ICA that did not look very stenotic with 2D angio [1]. A *syngo* DynaCT angio was obtained with 25 cc of 25% contrast injected from the right ICA. It perfectly showed an eccentric, calcified, and ulcerative atherosclerotic lesion in the petrous bone with a high-grade stenosis [2] that cannot be recognized in 2D angio. This lesion was the reason for the patient's recurrent TIA. A stent was then placed across the lesion and another *syngo* DynaCT angio was obtained after stenting, revealing

excellent stent positioning and dilatation of the lesion [3]. A balloon expandable stent instead of a self-expandable stent was used for dilatation since the *syngo* DynaCT before stenting showed heavily calcified lesion that could not be dilated efficiently with a self-expandable stent system.

For more detailed information,
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