



Endovascular Repair of a Ruptured Carotid Aneurysm

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Clinical Image

An 88-year-old man with a history of colon and prostate cancer undergoing chemotherapy. He presented with hemoptysis, a left dysphonia and otalgia. Digital computed tomography angiograms revealed a left oropharyngeal hematoma (65 mm × 31 mm × 49 mm) with a ruptured sacciform aneurysm of the left internal carotid artery (Figure A. Blue arrow shows the aneurysm. Yellow arrow shows the breach). He underwent emergency endovascular aneurysm exclusion under general anesthesia [1]. Through a femoral puncture, a 90-cm-long 8 French introducer sheath was placed into the left common carotid artery. A primary angiogram was performed to locate the breach (Figure B. Yellow arrow show the breach). The internal carotid was catheterized using a flexible guidewire (Angled Radifocus®, 0.035 inch, Terumo, Guyancourt, France) then exchanged with a stiff guidewire (Stiff angled, Radifocus®, 0.035 inch, Terumo, Guyancourt, France). An 8 mm × 100 mm heparin-bonded Viabahn® (Gore®, Flagstaff, Arizona, USA) was deployed at the level of the arterial breach. A final angiogram confirmed the absence of active bleeding (Figure C. Single image of the endoprosthesis after landing; Figure D. Final angiogram without contrast extravasation) [2]. The postoperative treatment included double antiplatelet therapy for 6 weeks and a speech therapy. No postoperative sequela or complications were depicted 3 months after the procedure and the patient consent to publication.

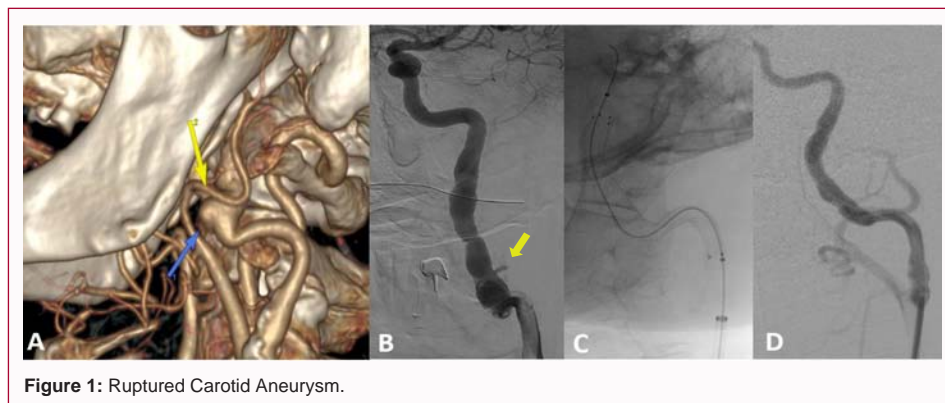


Figure 1: Ruptured Carotid Aneurysm.

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