

# **Feasibility of Endovascular Recanalization for Symptomatic Cervical Internal Carotid Artery Occlusion**

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摘要

## **Abstract**

**Objectives** This study sought to report technical details and clinical results of the first series of endovascular recanalization for cervical internal carotid artery (ICA) occlusion. **Background** Cervical ICA occlusion is associated with impaired cerebral perfusion, which may lead to ischemic cerebral symptoms and hemodynamic infarcts. Neither surgical nor endovascular revascularization has been shown to benefit this population. **Methods** Endovascular recanalization was attempted in 30 patients with ICA occlusions (27 men; age 72.1 +/- 8.0 years, range 48 to 85 years). Recurrent neurologic deficit or cerebral ischemia by perfusion study, after known ICA occlusion, was noted in all patients. Strategies and devices for coronary occlusion intervention were applied, including microcatheter-supported tapered-tip stiff coronary guidewires. Contralateral ICA stenosis was found in 9 patients (30%). All patients underwent independent neurologic and duplex ultrasound follow-up. **Results** The overall technical success rate was 73 % (22 of 30). No neck hematoma, intracranial hemorrhage, or hyperperfusion was noted. One (3.3%) fatal brainstem infarction occurred 1 day after a successful ICA procedure, with angiographically proven acute basilar artery occlusion and patent ICA stent. Baseline ophthalmic artery flow was reversed in 15 of the 22 successfully recanalized patients, and was normalized in 12 after the procedure. There was no new cerebral ischemic event or neurologic death for a mean follow-up of 16.1 +/- 18.5 months. **Conclusions** Endovascular recanalization for cervical ICA occlusion is feasible with acceptable midterm clinical results. (c) 2007 by the American College of Cardiology Foundation