Cerebral infarction in middle cerebral artery after right subclavian stenting under vertebral artery protection: A case report


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CASE: A male in his sixties who had old myocardial infarction complained his right arm claudication. We planned an endovascular treatment to his right subclavian artery stenosis with significant pressure gradient. We put a balloon expandable stent (Omnilink 8.0mm/19mm) under a filter protection at his right vertebral artery. Just after stenting, he vomited and felt abnormal on his left fingers.

Our EVT strategy

Direct stenting: Omnilink 8.0*20mm
Stent delivery from 8F britetip IM from common femoral artery.
Vertebral a. protection from ipsilateral radial artery using filter wire (ParachuteR).

Conclusion

We had a case of middle cerebral artery embolization just after right subclavian stenting under a vertebral artery protection. It was difficult to protect vertebral artery and carotid artery simultaneously. There could be the risk when we perform a right subclavian stenting.