TREATMENT OF PATIENT WITH HIGH-RISK CONCOMITANT CAROTID AND CORONARY ARTERY DISEASE.
Firdavs Shukurov,¹, Boris Rudenko,¹, Artem Shanoyan,¹
¹ Russian National Research Center for Preventive Medicine; Interventional Cardiology; Interventional Cardiologist

HISTORY AND PHYSICAL

IMAGING
Coronarography: 90% bifurcation stenosis of circumflex artery (1,0,1 Medina), 70% bifurcation stenosis of left anterior descending artery (0,0,1 Medina) and chronic total occlusion of right coronary artery. SyntaxScore = 19. Carotid angiography: 90% stenosis of right and 99% stenosis of left internal carotid artery. Euroscore = 14,69%.

INDICATION FOR INTERVENTION

INTERVENTION

90% bifurcation stenosis of circumflex artery was treated using 3,0 x 20mm. everolimus-eluting stent. Symptoms of angina revealed to stable angina I-II.
2 days later right carotid artery stenting performed. Closed-cell carotid stent 8-6x40mm implanted and 6x20mm postdilatation performed. On DWI-MRI the day after procedure: foci of increased MR signal in left parietal lobe (2mm).
70% bifurcation stenosis of left anterior descending artery was treated using 2,5 x 20mm everolimus-eluting stent. Symptoms of angina totally revealed.

LEARNING POINTS OF THE PROCEDURE

Surgical and endovascular treatment of patients with concomitant coronary and carotid lesions show the same immediate and long-term clinical results. The choice of revascularization strategy should be multidisciplinary. It is important to consider the clinical and anatomical characteristics and risk assessment in each individual case.