

RETROPHARYNGEAL EXTRA-ANATOMICAL CAROTID- CAROTID BYPASS FOR CAROTID REVASCULARIZATION

Carlos Veterano¹, Sérgio Teixeira^{1,2}, Rui Almeida^{1,2,3}, Pedro Sá Pinto^{1,2}

¹ Angiology and Vascular Surgery Department, Centro Hospitalar Universitário do Porto

² Kidney Transplantation Unit, Centro Hospitalar Universitário do Porto, Porto, Portugal

³ Instituto de Ciências Biomédicas Abel Salazar, Universidade do Porto

We report a 63-year-old male with a medical history of arterial hypertension, smoking, atrial fibrillation and valvular heart disease. He was admitted to the emergency department due to newly-onset left amaurosis fugax. CT angiography exposed chronic occlusion of the left CCA and subclavian artery [Figure 1, red arrows], without early infarct signs. Due to aggravated episodes of amaurosis fugax despite medical therapy, the patient was proposed for urgent revascularization.

Carotid-carotid right-to-left crossover bypass

was performed using an 8mm ringed ePTFE graft. Retropharyngeal tunnelling was performed using blunt digital dissection anterior to the prevertebral fascia [Figure 2A, red arrow]. Neurological symptoms resolved and the postoperative period was uneventful. At 10 years follow-up the patient remains asymptomatic, under single antiplatelet therapy and the bypass patent [Figure 2B].

Retropharyngeal tunnelling for carotid-carotid bypass allows for a short conduit, eliminating the risk of skin erosion and enabling future tracheostomy or sternotomy.

