Extraordinary and misleading complication after carotid stenting.

Mikolaj Maga, MD

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Disclosure

Speaker name:
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I have the following potential conflicts of interest to report:

☑ Other:
- Scientific grant by Bayer AG for LINC 2020
Patient data

- Age: 60 years old
- Gender: Female
- Symptoms: headaches, dizziness and history of transient ischemic attacks (TIA)
- Comorbidities: history of MI, chronic coronary symptoms, hypertension
- Current treatment: dual antiplatelet therapy, ACE inhibitor, beta-blocker
Patient data

- Ultrasound examination:
Patient data

- Age: 60 years old
- Gender: Female
- Symptoms: headaches, dizziness and history of transient ischemic attacks (TIA)
- Comorbidities: history of MI, chronic coronary symptoms, hypertension
- Current treatment: dual antiplatelet therapy, ACE inhibitor, beta-blocker
- **Diagnosis: critical stenosis of the left internal carotid artery**
Treatment

- Endovascular treatment:
  - Angioplasty of left ICA with self-expanding stent implantation
  - Bloodflow improvement
  - No intra-procedural complications
1 hour after PTA

- A sudden tongue oedema and dyspnoea
  - An anaphylactic reaction to radiocontrast?
- Anti-histamines, steroids and adrenaline
  - The respiratory failure escalated
- Tracheal intubation and cricothyroidotomy
  - Ineffective ventilation
- Intensive Care Unit and tracheotomy with analgosedation
Further analysis

- Elevated APTT due to heparin infusion after PTA
- Reanalysis of post-procedural angiography
- A wall damage of lingual artery by a vascular guide wire
- Laryngological examination and computed tomography confirmed massive tongue root hematoma penetrating into muscles, rupture of the glossopalatine arch and mean bleeding.
Patient received two units of fresh frozen plasma transfusion and anti-swelling drugs.

In a couple days stable patient status and significant reduction of tongue and neck hematoma were achieved.

Control ultrasonography of carotid and vertebral artery did not reveal restenosis, the stent was properly located.

The patient was discharged from hospital.

During the 1, 3, 6 and 12 month follow-up the no reoccurrence of the previously described symptoms.
Conclusion

Lingual hematoma, imitating severe anaphylaxis caused by radiocontrast media, complication of carotid artery PTA, is extremely rare but severe condition, which may lead to acute respiratory failure. It can develop due to trauma, vascular abnormalities and coagulopathy.

In any case of tongue oedema after carotid arteries endovascular treatment, it should be taken under the consideration.
Thank you for attention!
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