A 64-year-old man with pulsatile neck mass was referred for evaluation. His past medical history was significant for neck cancer in 1985, which was treated with surgery and radiation. He developed symptomatic right internal and common carotid artery stenoses in 1998 and underwent carotid stenting, because he was not deemed a surgical candidate due to prior neck surgery and radiation. A duplex ultrasound evaluation of the pulsatile mass revealed aneurysmal dilatation of the carotid artery. Carotid angiography revealed an aneurysm involving the distal right common carotid artery and proximal internal carotid artery (Figure, left). Prior neck surgery and radiation precluded surgical correction, so the patient underwent successful implantation of 2 overlapping Wallgrafts (Boston Scientific) to seal the aneurysm. Because the external carotid artery came off from the aneurysmal area, it was closed with 0.014-inch Vortex coils (Boston Scientific, Target Therapeutics,) to prevent retrograde filling of the aneurysm (Figure, right).

Angiograms showing an aneurysm of the distal right common carotid artery and the internal carotid artery (left; Pre) and successful deployment of 2 overlapping, covered stents (Wallgrafts) and coil embolization of the right external carotid artery with sealing of the aneurysm (right; Post).
Endovascular Treatment of Carotid Artery Aneurysms With Covered Stents
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