

## Successful Pronto V3 Aspiration Thrombectomy and Stenting of the Left Internal Carotid Artery for Acute Stroke

### PHYSICIAN

J. Stephen Jenkins, MD, FACC

### LOCATION

Ochsner Medical Center, New Orleans, LA

### PRESENTATION

The patient is a 62-year-old male with an onset of left MCA stroke symptoms at 5:15pm at an outlying hospital. The patient received thrombolytic therapy with TPA at 7:30pm and was subsequently transferred to Ochsner Medical Center via helicopter for failed thrombolysis. Upon arrival, the patient was obtunded, hemiplegic and unconscious. The patient was brought to the cardiac cath lab for acute stroke intervention.

### INITIAL FINDINGS

A 6F sheath was inserted, and a Berenstein catheter was advanced to engage the left common carotid. Angiography revealed a complex, high-grade internal carotid stenosis with heavy thrombus burden just after the bifurcation of the external carotid (**Figures 1 and 2**). Antigrade blood flow distal to the stenosis was not present.

### ASPIRATION

A 0.014" coronary wire was used to cross the carotid lesion. A Pronto V3 aspiration catheter was then advanced to the area of the lesion, and aspiration was performed twice (**Figure 3**). Large amounts of thrombus and atheroma were removed from the carotid lesion.

*continued on back >*

**PRONTO™ V3**  
Extraction Catheter

FIGURE 1

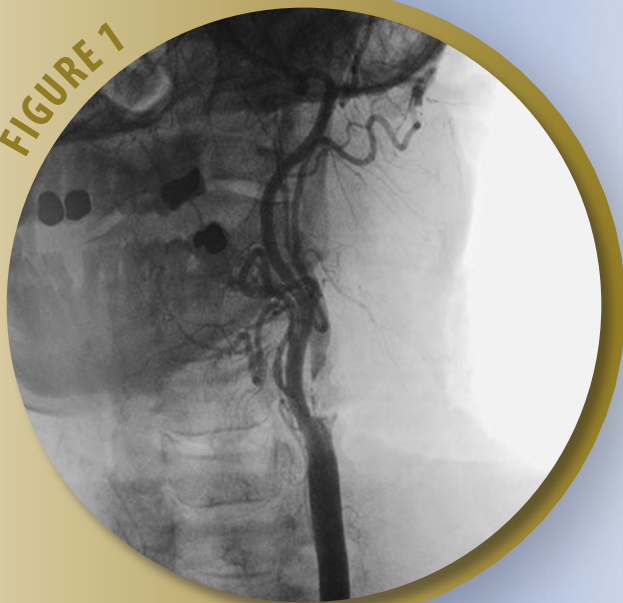


FIGURE 2

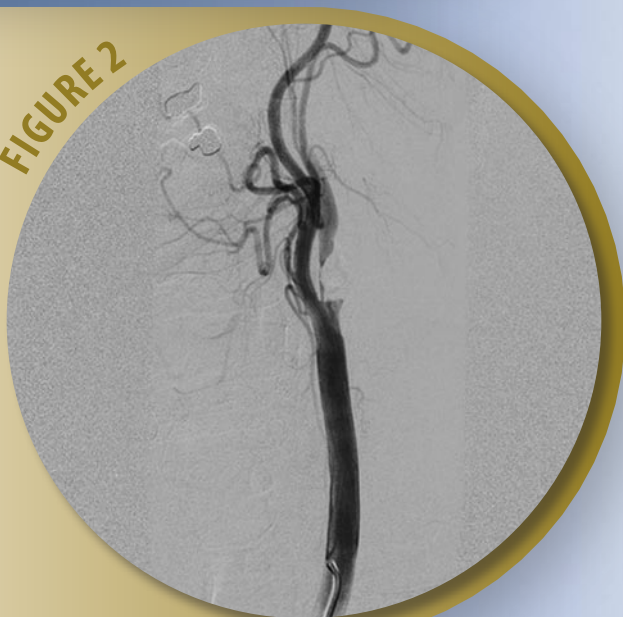
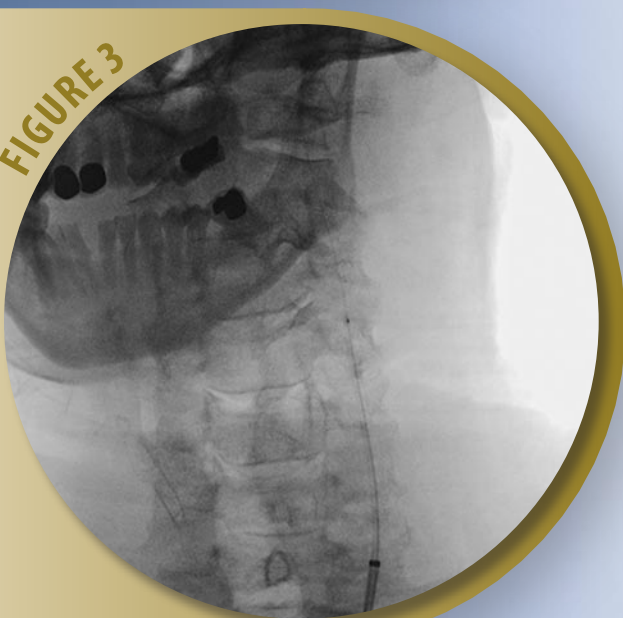


FIGURE 3



**FIGURE 4**



## Successful Pronto V3 Aspiration Thrombectomy and Stenting of the Left Internal Carotid Artery for Acute Stroke

### RADIOGRAPHIC RESULTS

Post-aspiration angiography revealed improved flow through the affected vessel (Figure 4).

### PCI

The Pronto V3 catheter was removed, and a 7.5mm Accunet™ filter was placed in the internal carotid distal to the lesion. Direct stenting was performed with a 10mm x 40mm self-expanding carotid stent.

After stent deployment, cerebral angiography revealed excellent flow throughout the left cerebral system with no evidence of thrombus or hemorrhage. A second pass with the Pronto V3 catheter was made, and post-dilatation was performed with a 5mm x 20mm balloon (Figure 5).

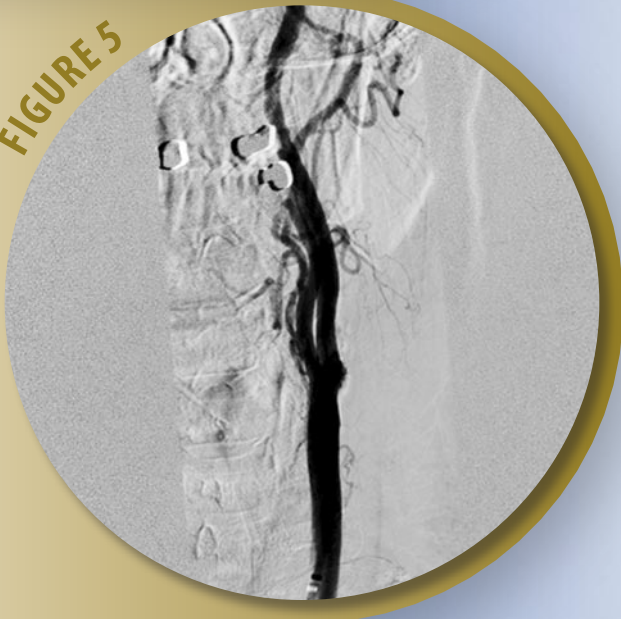
### POST PROCEDURE

Five minutes after the procedure, the patient was awake, oriented and moving all extremities. At one-month follow-up the patient exhibited no residual neurologic defects and had equal motor strength bilaterally in both upper and lower extremities.

### SUMMARY

Successful Pronto V3 aspiration thrombectomy and stenting of the left internal carotid artery for acute stroke.\*

**FIGURE 5**



### Physician Profile

*Dr. Jenkins is currently the Associate Section Head of Interventional Cardiology and Director of Interventional Cardiology Research at the Ochsner Clinic Foundation. He is board certified in Internal Medicine and Interventional Cardiology, and he specializes in Interventional Cardiology, including complex coronary and peripheral angioplasty, carotid stenting, valvuloplasty, mechanical thrombectomy and laser revascularization.*



\*The Pronto V3 catheter is indicated for the removal of fresh, soft emboli and thrombi from vessels in the coronary and peripheral vasculature. Please see the Pronto Instructions for Use for a complete listing of the indications, contraindications, warnings and precautions. Pronto is a trademark of Vascular Solutions, Inc. Accunet is a trademark of Guidant Corporation. ©2007 Vascular Solutions, Inc. All rights reserved. ML1672 Rev. B 05/07



6464 Sycamore Court  
 Minneapolis, Minnesota 55369 USA  
 USA Customer Service: 888.240.6001  
[www.vascularsolutions.com](http://www.vascularsolutions.com)