Spontaneous Recanalization of the Occluded Internal Carotid Artery

A Report of Two Cases

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Summary

Spontaneous recanalization of the occluded internal carotid artery (ICA) is more frequent than is generally believed. The timing of spontaneous recanalization remains unclear but it may occur as either an early or a late event. The aim of this case report is to emphasize the importance of spontaneous recanalization and its consequences. From September 2008 to November 2010 we prospectively followed patients with old ICA occlusion. The diagnoses of an occlusion were based on duplex scan findings and were confirmed by CT angiography and digital subtraction angiography (DSA). ICA occlusions secondary to dissection, inflammatory process, like fibromuscular dysplasia, previous stenting or endarterectomy and trauma, were excluded from the study. All patients had a scheduled carotid duplex scan every six months. Overall 65 patients were enrolled. Two patients showed evidence of spontaneous recanalization. A 55-year-old man with a known history of transient ischemic attack had occlusion in the left side occluded ICA. He presented with another TIA eight months later. Investigations showed evidence of recanalization of occluded ICA. This artery underwent uneventful stenting. In another patient recanalization was heralded by global aphasia and right side hemiplegia. He was a 70-year-old man with a history of recurrent TIA. Carotid duplex scan and DSA showed recanalization of the occluded left ICA accompanied by occlusion of the ipsilateral middle cerebral artery. He remained
profoundly disabled with severe neurological deficits. In conclusion, spontaneous recanalization of the occluded internal carotid artery is a potentially complicated event that may lead to severe neurological disability.