Endovascular treatment of a trachea-carotid artery fistula (TCAF) through a covered stent placement in the common carotid artery (CCA)

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Disclosure

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

☐ Consulting
☐ Employment in industry
☐ Stockholder of a healthcare company
☐ Owner of a healthcare company
☐ Other(s)

☒ I do not have any potential conflict of interest
MALE, 27 Y.O.

CLINICAL HISTORY:
- Duchenne Muscular Dystrophy
- From 2012: permanent bladder catheter and PEG for enteral feeding
- From 2015: in mechanical ventilation H 24/24 through permanent surgical tracheostomy for respiratory failure
- 04.06.2018: scheduled periodic replacement of the tracheostomic cannula in the Pneumology department

MASSIVE BLEEDING FROM THE TRACHEOSTOMIC CANNULA
RIGHT FEMORAL ARTERY ACCESS

- 6-F, 90 cm sheath (Flexor® Shuttle® Guiding Sheath, Cook Medical)
- Radifocus® Guidewire M Standard Type, Terumo
RIGHT FEMORAL ARTERY ACCESS

- BeGraft Peripheral, Bentley, 6-mm x 58-mm
Progressive deflation of the cannula and clinical-functional control.
Bronchoscopy and cannula replacement

Clinical course characterized by substantial stability without episodes of airway bleeding

Pneumology Department on 08/06

Progressive worsening of the general conditions with the detection of septic shock from abdominal source

09/06 asystole due to hyperkalemia with need for resuscitation maneuvers
11/06 resolution of the shock

06/07 discharged
TAF after tracheostomy is a feared complication that can lead to death and patients management may be difficult.

Endovascular approach through a covered stent placement in the damaged vessel may be a safe and definitive treatment.
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