

Spontaneous Recanalization of the Occluded

Internal Carotid Artery

A Report of Two Cases

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Spontaneous recanalization of the occluded internal carotid artery (ICA)– SUMMARY
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.