

**SPONTANEOUS LATE RECANALIZATION OF THE INTERNAL CAROTID ARTERY FOLLOWING ANTICOAGULATION: CASE REPORT**

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**Introduction:** The natural history of carotid occlusion is not entirely understood. We report a case of recanalization of an occluded carotid artery after one year of anticoagulation.

**Case Report:** A 64-year-old male veteran presented to the VA vascular clinic with a two month history of amaurosis fugax involving the right eye. Evaluation by arch and 4-vessel arteriography revealed complete occlusion of the right internal carotid artery (ICA) with a patent external carotid artery. He was treated by anticoagulation using warfarin and one baby aspirin daily. At his one year follow up, he reported no further symptoms and a carotid ultrasound showed findings consistent with persistent right ICA occlusion. Anticoagulation was then discontinued. At his two year follow-up, he denied cerebrovascular symptoms, however, a routine surveillance carotid ultrasound demonstrated increased velocities in the previously occluded right carotid segment suggesting a stenosis greater than 80%. An arteriogram confirmed recanalization with an 80% stenosis of the ICA. The patient underwent elective right carotid endarterectomy and was discharged home on the first postoperative day.

**Discussion:** Carotid occlusion may result in severe permanent neurological deficit. For those patients who do not experience an acute event at the time of occlusion, the long-term risk of ipsilateral stroke remains low (0-5%). For this reason, conservative non-operative management using anticoagulation is recommended. The natural history of warfarin treated carotid occlusion, however, has not been formally established.

**Conclusion:** Complete occlusion of the carotid artery is a common finding with an unknown natural history. This case suggests that long term recanalization can occur. Anticoagulation, antiplatelet, and a statin may not only prevent distal emboli, but also aid in recanalization. Continued, annual duplex surveillance after carotid artery occlusions should likely be performed, however, more data on the long-term consequences and outcomes of carotid occlusion are needed.