



## Carotid Steal a Curious Phenomenon

Ummer Karadan<sup>1</sup>, Anooja Anil<sup>2</sup> and Robin George Manappallil<sup>3</sup>\*

<sup>1</sup>Department of Neurology, Baby Memorial Hospital, Calicut, Kerala, India

<sup>2</sup>Department of Zoology, Stella Maris College, India

<sup>3</sup>Department of Internal Medicine, Baby Memorial Hospital, Calicut, Kerala, India

### Case Study

A 50-year-old female presented with recurrent Transient Ischemic Attacks (TIA) involving the right carotid territory. She is a known case of hypertension and hypothyroidism, on regular medications. She has history of undergoing radiotherapy for carcinoma vocal cords. Clinically, she did not have any neurological deficits and arterial bruit was absent. Magnetic Resonance (MR) imaging of the brain was normal, but MR angiogram and carotid artery Doppler showed long segment stenosis of the right carotid artery. Cerebral Digital Subtraction Angiogram (DSA) showed occlusion of the left proximal common carotid artery, about 2 cm from its origin. Vertebral artery was normal, with left being dominant; and mild stenosis was noted at the right proximal common carotid artery. Ulcerated plaques with moderate stenosis were also seen, extending from the mid common carotid artery up to the right proximal internal carotid artery. Left vertebral artery run showed carotid steal. The patient underwent telescopic stenting of the right common carotid and proximal internal

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#### \*Correspondence:

Robin George Manappallil, Department of Internal Medicine, Baby Memorial Hospital, Calicut, Kerala, India, E-mail: drrobingeorgempl@gmail.com

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Figure 1: Left common carotid occlude from origin.



Figure 2: Normal vertebral artery angiogram (AP view).



Figure 3: Left vertebral artery (AP view) showing carotid steal.



Figure 4: Left vertebral artery (lateral view) showing carotid steal from vertebrobasilar system to carotid through p com.



Figure 5: Telescoping stenting of right common carotid and internal carotid arteries.

carotid arteries. Carotid Steal syndrome is characterized by carotid artery occlusion, with the subsequent formation of collaterals which in turn change the pressure gradients by alteration in the ipsilateral vertebral artery flow. In this case, radiation therapy would have been the probable Etiology.

**References**

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