

# Micrus Endovascular® Pharos™ Case Study

**Basilar Trunk** – Thierry Boulanger, MD and Luc Stockx, MD (St. Jan Hospital – Genk, Belgium)



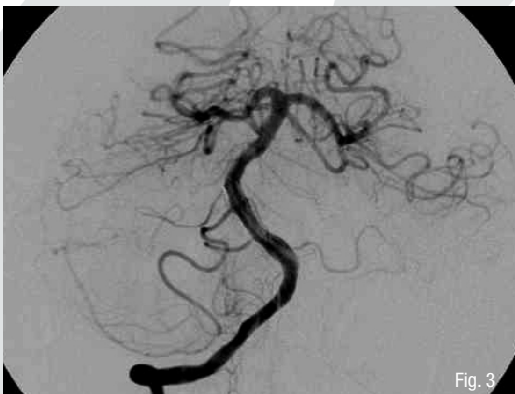
## Clinical History

A 49 year old female patient with a history of acute dizziness and unsteadiness was referred to St. Jan Hospital in Genk, Belgium. A cerebral angiography demonstrated a floating clot in the middle and distal segment of the basilar trunk (Fig 1.). After medical treatment with heparin and Plavix®, the patient completely recovered. The control angiogram demonstrated an underlying tight stenosis of the middle part of the basilar trunk (Fig. 2). It was proposed to stent this lesion in order to prevent re-thrombosis.



## Technique

The intervention was performed under general anesthesia and systemic heparin. After insertion of a 6F guiding catheter in the distal part of the right vertebral artery, the lesion was crossed with a microcatheter and Terumo 0.016" Guidewire. Over an exchange guidewire (Luge™, BSCI) a predilatation with a 2.5 mm balloon (Voyager™, Guidant) was performed. A PHAROS Stent 3.5 mm x 15 mm was inserted and positioned at the level of the lesion. Tracking of the stent over the guidewire was very smooth and the radiopacity was excellent allowing a correct position. The stent balloon was inflated to 7atm. Flaring of distal and proximal segment of the stent was achieved with a 4 mm balloon (Voyager™, Guidant), inflated to 5.5 atm.



The control angiogram showed an expansion of the arterial lumen with complete coverage of the lesion. The right AICA, covered by the PHAROS Stent, remained patent (Fig. 3). Conclusion: In this case, correction of a tight stenosis of the mid-basilar segment was easily performed with the PHAROS Stent.

### Angiograms and text provided by Drs. Boulanger and Stockx

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