First Use of an Intra-aortic Balloon Pump as a Bridge Between Surgery for Critical, Symptomatic Carotid and Coronary Disease

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\textbf{Introduction:} The optimal management of concomitant, unstable atherosclerotic coronary and carotid artery disease is unclear. We present the first use of an intra-aortic balloon pump (IABP) as a bridge between carotid endarterectomy (CEA) and coronary artery bypass grafting (CABG) in a high-risk patient.

\textbf{Report:} A 62-year-old man with multiple comorbidities presented with unstable disease in both coronary and carotid territories. He was unsuitable for endovascular management of either lesion. An IABP was used to safely bridge him between carotid and coronary revascularisation.

\textbf{Discussion:} We propose that where both coronary and carotid circulations are critically compromised, this approach may offer a way out of an otherwise impossible situation.

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Exclusion of an Internal Iliac Artery Aneurysm Using Stacked Aorto-uni-iliac Converters over a Femoro-femoral Pullthrough Wire

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\textbf{Introduction:} An endovascular solution for treating internal iliac artery aneurysms (IIAAs) with tortuous iliac anatomy and intraprocedural complications is presented.

\textbf{Report:} An 85-year-old male presented with a 7-cm left IIAA causing hydronephrosis. Following inability to deploy a standard aorto-uni-iliac converter and subsequent iliac dissection, two low-profile aorto-uni-iliac converters were deployed from the external to common iliac artery over a femoro-femoral pullthrough wire, achieving a stacked configuration and successful aneurysm exclusion.

\textbf{Discussion:} Iliac artery tortuosity may preclude successful iliac coverage and predispose to dissection. A pullthrough wire allows arterial straightening; use of flexible low profile devices facilitates procedural success.

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