



HEAD AND NECK VASCULAR WAR INJURY, CASE-BASED REVIEW

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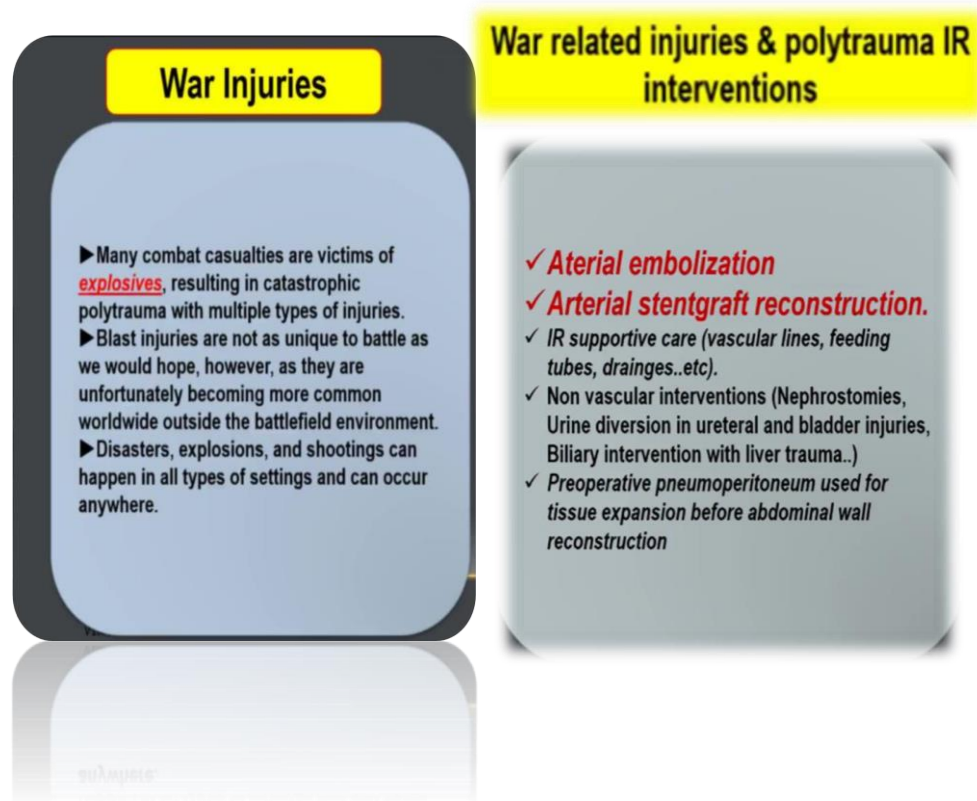
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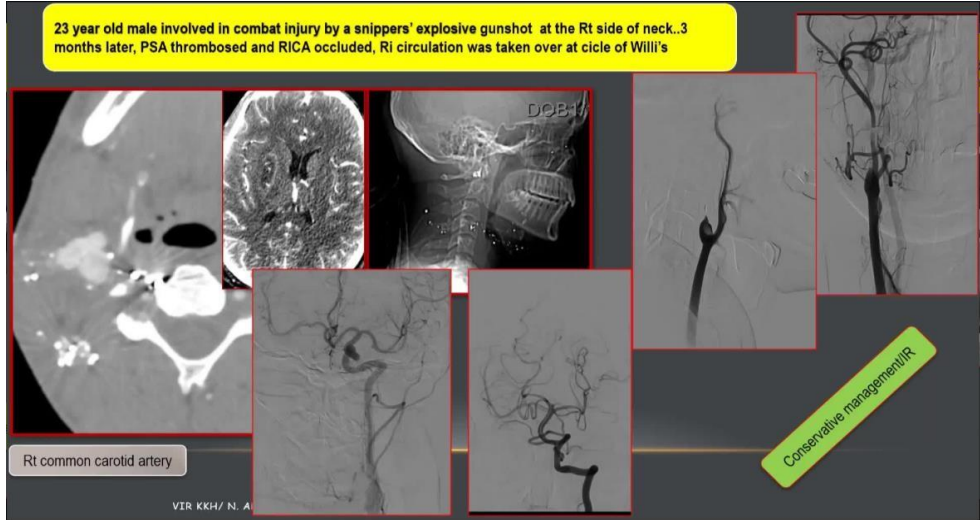
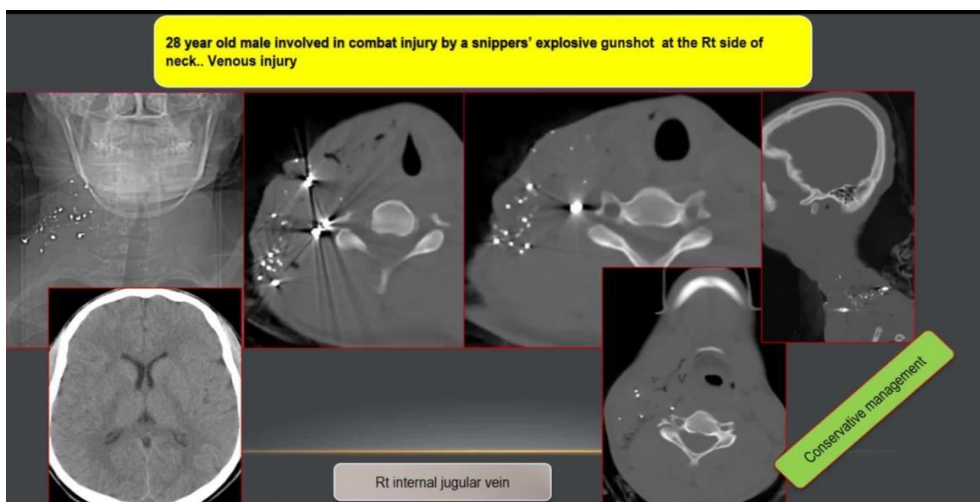
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DESCRIPTION

Learning Objectives–

Discussing different vascular anatomical considerations in the management of H&N PSA as well as various interventional techniques that can save vital structures and prevent stroke. I evaluate different types of traumatic pseudoaneurysms in the head and neck arteries.

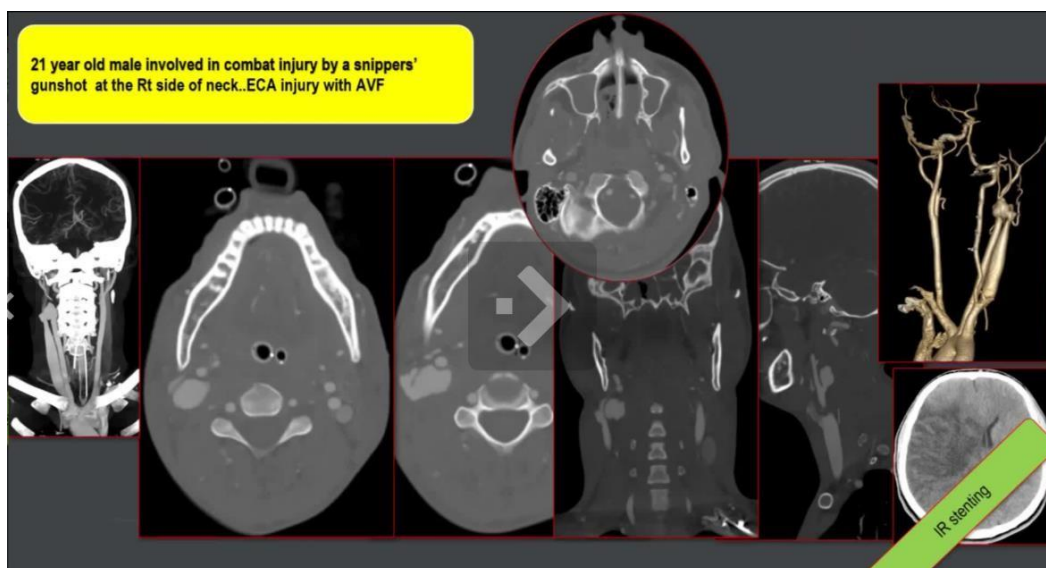


Background –

Over the last 6 years since 2017 around 20 patients underwent CTA scanning for a pulsating mass, expanding hematoma, or US-proven aneurysmal dilatation.

Innominate, subclavian, carotids, and their branches were involved in the aneurysm location with traumatic and iatrogenic etiology.

Endovascular and surgical repair was the treatment options. CT scan was always done for hemodynamically stable patients, and used for the identification and classification of injuries, with high sensitivity and specificity. The CT was mostly done for evaluation and guidance.



Clinical finding/procedures details –

We evaluate the CT appearances and guidance for procedure planning.

Arterial stent graft and sometimes bleeder embolization was performed in most of the named neck vessel.

Vascular IR plays a primary and unique role in situations where surgery is difficult and may fail to control bleeding or AVF closure. IR plays a critical role in management. saving the patient from multiple BT.

Conclusion

IR and Endovascular management play a unique lifesaving role in my cases.

Embolization and stent graft surgically repaired cases were my educational cases presented.

Vascular Injury-Lessons

Most of the early deaths are due to blood loss: Early blood loss has a significant effect on late deaths IR can repair the most critical anatomy.