

When performing diagnostic angiography to evaluate the cervical carotid bifurcation, the catheter is placed inside the CCA to image both the ICA and ECA. In the vast majority of cases when only the ICA or ECA is visualized, the catheter has been unintentionally advanced distal to the bifurcation. This is easily remedied by withdrawing the catheter into the CCA. In the case of an absent CCA one will continue to image only the ICA or ECA (depending on which origin is catheterized) until the catheter is withdrawn into the IA. Failure to recognize these vessels originating from the IA may lead to the incorrect conclusion that one is occluded.

CONCLUSION

Congenital absence of the CCA is a rare finding that should be considered when a cervical angiogram shows only one carotid artery branch. This finding can alter the flow dynamics of the intracranial vasculature and potentially result in aneurysm formation.

Competing interests None.

Patient consent Obtained.

Ethics approval This study was conducted with the approval of the Cedars-Sinai.

Provenance and peer review Not commissioned; not externally peer reviewed.

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Correction

The article “W S Lesley, R Rangaswamy. Catheter exchange technique for the Wingspan stent: technical note” was inadvertently published twice with different DOIs and should not be considered retracted. It was also published as part of the SNIS meeting abstracts in the July 2009 issue.

The correct citation is:

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The journal apologises for the inadvertent duplicate publication and confirms that this article has not been retracted.

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