

## Zhen-Kun YU

Director, Department Head, Department of Otolaryngology, Head and Neck Surgery,  
Nanjing Medical University Affiliated Mingji Hospital  
Vice Dean, Fourth Clinical School of Medicine, Nanjing Medical University  
Director, Mingji Hospital, Nanjing Medical University

# Management of the carotid artery in recurrent head and neck cancer

The incidence of recurrent head and neck cancer involving the carotid artery (common/internal carotid artery) is approximately 5.5%, and surgical resection in selected patients may improve the quality of survival, and overall survival in these patients. The difficult part of the operation is the management of the carotid artery. Due to fibrosis of the tissue after radiotherapy and surgery, and adhesions to the surgical scar, the carotid artery is difficult to locate, and the risk of arterial rupture is very high when searching for and separating it. Currently the common approach is carotid ligation or carotid reconstruction. The routine intraoperative management: arterial ligation or arterial reconstruction is taken once the carotid artery has ruptured or needs to be surgically removed, depending on the results of the carotid artery blockage test. Ligation must be based on good compensation of the anterior and posterior cerebral communicating arteries, while revascularisation, with poor vascular graft beds due to radiotherapy and multiple surgical scarring of the perivascular tissues also makes the risk of revascularisation failure after surgery extremely high. For such patients, how can intraoperative arterial rupture haemorrhage be prevented? We have adopted intracarotid pre-implantation of a laminated stent with heparin coating for carotid artery protection, which not only provides assistance in finding the arterial structures intraoperatively and reduces the difficulty of intraoperative operation, but also avoids the risk of intraoperative arterial rupture haemorrhage, which is a safe and effective way of arterial protection.

## 于振坤

南京医科大学附属明基医院耳鼻咽喉头颈外科学科带头人、主任  
南京医科大学第四临床医学院副院长  
南京医科大学附属明基医院院长

# 动脉内覆膜支架植入在累及颈动脉的晚期头颈肿瘤中的应用

复发性头颈癌累及颈动脉（颈总动脉/颈内动脉）的发病率约5.5%，对部分经过筛选的患者手术切除可提高此类患者的生存质量、总生存率。手术的难点在于颈动脉的处理，由于放疗及手术后组织的纤维化、手术疤痕黏连等，颈动脉定位困难、寻找及分离时动脉破裂风险非常高。目前常用的方式是颈动脉结扎或颈动脉重建，术中常规处理方式：根据颈动脉阻断实验结果，颈动脉一旦破裂或需要手术切除，采取动脉结扎或动脉重建。血管结扎必须建立在大脑前后交通动脉代偿良好的基础，而血管重建，血管周围组织因为放疗和多次手术疤痕导致的血管移植床不佳也使得手术后存在极高的重建失败风险。对于此类患者，如何才能预防术中动脉破裂大出血，我们采取了带肝素涂层的覆膜支架颈动脉内预先植入的方式进行颈动脉的保护，不但为术中寻找动脉结构提供了帮助，降低了术中操作难度，而且也避免了术中动脉破裂大出血的风险，是一种安全、有效的动脉保护方式。