

- 19 Bonati LH, Gregson J, Dobson J, McCabe DJH, Nederkoorn PJ, van der Worp HB, et al. Restenosis and risk of stroke after stenting or endarterectomy for symptomatic carotid stenosis in the International Carotid Stenting Study (ICSS): secondary analysis of a randomised trial. *Lancet Neurol* 2018;17:587–96.
- 20 Brott TG, Howard G, Roubin GS, Meschia JF, Mackey A, Brooks W, et al. Long-term results of stenting versus endarterectomy for carotid-artery stenosis. *N Engl J Med* 2016;374:1021–31.
- 21 Arquizan C, Trinquart L, Touboul P-J, Long A, Feasson S, Terriat B, et al. Restenosis is more frequent after carotid stenting than after endarterectomy: the EVA-3S study. *Stroke* 2011;42:1015–20.
- 22 Illuminati G, Pizzardi G, Calio FG, Masci F, Pasqua R, Frezzotti F, et al. Results of subclavian to carotid artery bypass for occlusive disease of the common carotid artery: a retrospective cohort study. *Int J Surg* 2018;53:111–6.
- 23 Naylor AR, Ricco JB, de Borst GJ, Debus S, de Haro J, Halliday A, et al. Management of atherosclerotic carotid and vertebral artery disease: 2017 clinical practice guidelines of the European Society for Vascular Surgery (ESVS). *Eur J Vasc Endovasc Surg* 2018;55:3–81.
- 24 Radak D, Tanaskovic S, Sagic D, Antonic Z, Gajin P, Babic S, et al. A novel antegrade approach for simultaneous carotid endarterectomy and angioplasty of proximal lesions in patients with tandem stenosis of supraaortic arch vessels. *Ann Vasc Surg* 2017;44:368–74.
- 25 Iannone LA, Toon RS, Rayl KL. Percutaneous transluminal angioplasty of the innominate artery combined with carotid endarterectomy. *Am Heart J* 1993;126:1466–9.
- 26 Moore JD, Schneider PA. Management of simultaneous common and internal carotid artery occlusive disease in the endovascular era. *Semin Vasc Surg* 2011;24:2–9.
- 27 Zacharias N, Goodney PP, Stone DH, Wanken ZJ, Powell RJ. Innominate artery revascularization: long-term outcomes and comparison of open and endovascular approach. *J Vasc Surg* 2019;69:e224–5.

Eur J Vasc Endovasc Surg (2021) 61, 88

## COUP D'OEIL

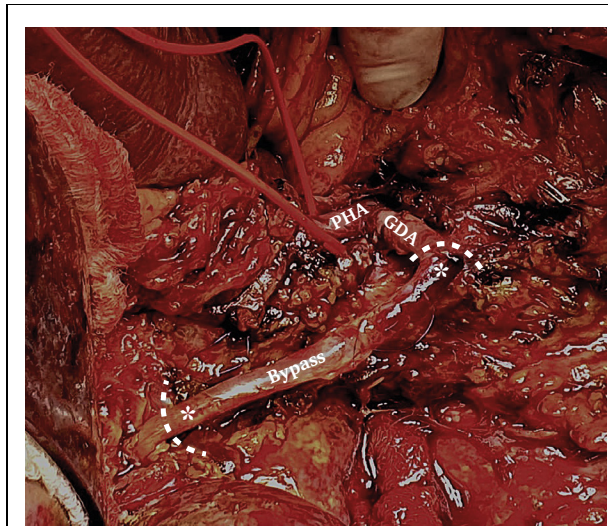
# Gastroduodenal Artery as an Inflow Artery for Right Hepatic Artery Reconstruction

Adam Whitley<sup>a,b,\*</sup>, Peter Baláz<sup>a,c</sup>

<sup>a</sup> Department of Surgery, University Hospital Kralovske Vinohrady, Third Faculty of Medicine, Charles University, Prague, Czech Republic

<sup>b</sup> Department of Anatomy, Second Faculty of Medicine, Charles University, Prague, Czech Republic

<sup>c</sup> Department of Vascular Surgery, National Institute for Cardiovascular Disease, Bratislava, Slovakia



Two days after laparoscopic cholecystectomy, a complete loss injury to the right hepatic artery and a Strasberg E3 bile duct injury with signs of liver ischaemia were found at surgical revision. A hepaticojejunal anastomosis was performed and a reversed great saphenous vein bypass was sutured end to end (asterisks) between a distally ligated and transposed gastroduodenal artery (GDA) and the hilar part of the right hepatic artery (dashed lines). This technique circumvents anastomoses of the proper hepatic artery (PHA), complications of which may compromise blood supply to both hepatic arteries. The post-operative course was uncomplicated, and at discharge computed tomography angiography showed a patent bypass.

\* Corresponding author. University Hospital Kralovske Vinohrady, Surgery, Srobarova 50, Prague, 10034, Czech Republic.

E-mail address: [whitley.adam@gmail.com](mailto:whitley.adam@gmail.com) (Adam Whitley).

1078-5884/© 2020 European Society for Vascular Surgery. Published by Elsevier B.V. All rights reserved.

<https://doi.org/10.1016/j.ejvs.2020.07.008>