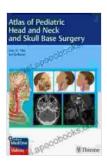
# **Unveiling the Surgical Anatomy of the Internal Carotid Artery: A Comprehensive Exploration**

The internal carotid artery (ICA) is a critical conduit that supplies oxygenated blood to the brain, making it a crucial target for surgical interventions. Understanding its surgical anatomy is paramount for neurosurgeons, vascular surgeons, and otolaryngologists involved in carotid artery surgery, skull base surgery, and vascular malformation management.

#### **Course and Relationship to Surrounding Structures**

The ICA originates from the common carotid artery in the neck and ascends through the carotid canal in the petrous portion of the temporal bone. It traverses the cavernous sinus and enters the skull base through the foramen lacerum. Within the cranial cavity, it continues anteromedially along the lateral wall of the sphenoid sinus and terminates by dividing into the anterior and middle cerebral arteries.



# Surgical Anatomy of the Internal Carotid Artery: An Atlas for Skull Base Surgeons by Paolo Castelnuovo

★★★★★ 5 out of 5

Language : English

File size : 42529 KB

Text-to-Speech : Enabled

Screen Reader : Supported

Enhanced typesetting : Enabled

Print length : 182 pages



The ICA maintains close relationships with several key structures throughout its course:

- Common carotid artery: The ICA branches off from the common carotid artery, which divides into the ICA and external carotid artery.
- Petrous bone: The ICA passes through the carotid canal in the petrous bone, a dense and complex bony structure.
- Cavernous sinus: A cavernous space filled with venous blood, the cavernous sinus surrounds the ICA as it traverses the skull base.
- Foramen lacerum: The ICA exits the cavernous sinus through the foramen lacerum, an opening in the sphenoid bone.
- Sphenoid sinus: The ICA lies along the lateral wall of the sphenoid sinus, a paranasal sinus located behind the nasal cavity.
- Anterior and middle cerebral arteries: The ICA terminates by dividing into these two main branches that supply the brain.

#### **Branches and Variations**

The ICA gives rise to several important branches along its course:

- Ophthalmic artery: Arises within the cavernous sinus and supplies the eye and surrounding structures.
- Posterior communicating artery: Connects the ICA to the posterior cerebral artery, ensuring collateral blood flow to the brain.
- Anterior choroidal artery: Supplies the choroid plexus, a network of blood vessels in the brain ventricles.

 Hypophyseal arteries: Supply the pituitary gland, a small but vital endocrine gland.

Several anatomical variations of the ICA have been described, including:

- Double carotid artery: A rare condition where two ICA are present on one side.
- Agenesis of the ICA: A congenital absence of the ICA, with blood supply to the brain provided by alternative pathways.
- Carotid siphon: A tortuous segment of the ICA within the cavernous sinus.

#### **Surgical Significance**

Understanding the surgical anatomy of the ICA is crucial for various surgical procedures:

**Carotid endarterectomy:** Removal of atherosclerotic plaque from the ICA to prevent stroke.

**Carotid artery stenting:** Insertion of a stent into the ICA to open a narrowed or blocked artery.

**Skull base surgery:** Resection of tumors or other lesions located near the ICA, requiring careful dissection and preservation of the artery.

**Vascular malformation surgery:** Treatment of vascular malformations, abnormal blood vessels that can affect the ICA.

#### **Imaging Techniques**

Accurate preoperative imaging is essential for defining the surgical anatomy of the ICA:

Computed tomography angiography (CTA): A non-invasive imaging technique that provides cross-sectional images of the ICA and its branches.

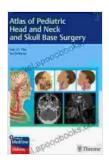
**Magnetic resonance angiography (MRA):** A non-invasive imaging technique that uses magnetic resonance imaging to visualize the ICA and its surrounding structures.

**Catheter angiography:** An invasive technique where a catheter is inserted into the ICA to inject contrast dye and obtain detailed images of the artery.

A thorough understanding of the surgical anatomy of the internal carotid artery is paramount for successful surgical interventions involving this critical blood vessel. Surgeons must be familiar with the ICA's course, relationships, branches, variations, and imaging techniques to ensure precise and safe surgical outcomes. This article provides a comprehensive exploration of the surgical anatomy of the ICA, equipping surgeons with the knowledge they need to navigate this complex structure with confidence.

For further in-depth knowledge and clinical insights, we recommend consulting the following references:

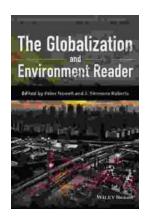
- Surgical Anatomy of the Carotid Artery, by Filippo Gagliardi and Guido Palma
- 2. Carotid Artery Surgery, by Jose M. Perez-Estudillo
- 3. Microanatomy of the Internal Carotid Artery, by Markus Cebulla and Ulrich W. H. Weskott



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