



**Coleen Franco** has completed this personal reflection on **28/04/2019**

**Paper:** Winter 2019 CPD Questions

**Personal Reflection:**

**DETECTION OF ANOMALOUS CERVICAL INTERNAL CAROTID ARTERY BRANCHES BY COLOUR DUPLEX ULTRASOUND**

REFLECTION: The article is very informative about the clinical implication of identifying ICA branches. The assurance that ICA branch can be identified by CDU is great however a further imaging should still be considered especially for patients with significant disease and the fact that ICA branch also exhibits high resistive pattern then i guess this can cause a great confusion.

It is true that Surgeons will benefit with positive identification of ICA branch especially when considering CEA as they may require the modification of surgical or interventional techniques as it may pose a challenge in the differentiation of ICA and ECA. Other implication which may benefit doctors which is good to know is that they may be able to preserve distal patency of of an otherwise occluded proximal ICA. Presence of ICA branch can possibly cause confusion when correlating embolic symptoms. Overall, although the prevalence is small based on the study, ability of the Scientist to identify ICA branches if present is very useful.