**Introduction**
Acute ischemic stroke due to large vessel occlusion occurs with tandem stenosis of the cervical internal carotid artery (ICA) in 15-20% of cases.

**Background**
Tandem lesions often have a fragile clot in the carotid artery with a distal middle cerebral artery (MCA) occlusion.

Current Treatment approaches includes:
- Extracranial Lesion Managed First: Stenting, Angioplasty
- Intracranial Lesion Managed First with ICA stenting on the way out, or deferred CEA, or medical management.

"Kitchen-sink" technique
Utilizes a balloon occlusion guide catheter proximally with aspiration and stent retrieval (SR) to remove clot from the ICA and MCA., respectively.

Step-wise approach:
- All devices are opened prior to case.
- Fragile clot in the ICA is removed with contact aspiration under proximal protection of a balloon guide.
- Distal MCA clot is removed with SR with an aspiration catheter.
- SR is pulled with the aspiration catheter remaining in place.

**Methods**
We report a single-surgeon case-series identifying anterior circulation tandem stenosis LVOs treated with an multiple simultaneous endovascular techniques (so called, the "Kitchen-Sink") from December 2016-December 2017.

**Results**
A total of four patients with tandem stenosis with acute stroke were seen and treated with the "Kitchen-Sink" technique. Three patients were male, mean age was 65.5 years old.

Management
- Three patients received IV-tPA therapy. Intra-arterial tPA was used in 2 patients.
- Three patients had M1 occlusion, one had M2.
- Machine assisted aspiration was utilized in all patients.
- ICA stenosis was treated with balloon angioplasty in one patient, angioplasty and stenting in one patient, and endarterectomy in one patient.

Outcomes
- Complete revascularization (mTICI=3) was achieved in all patients.
- The mean improvement in NIHSS was 4.25.
- Functional outcome improved in all patients; presenting mRS were 3,4,3,3; all mRS at discharge were 2.

**Learning Objectives**
We introduce a novel and timely way to manage difficult stroke cases. The "kitchen sink" protocol resolves some technical nuances that accompany challenging stroke cases with tandem occlusions.

**Conclusions**
Simultaneous implementation of multiple revascularization techniques (i.e. "the kitchen-sink") may provide an efficient and effective approach to patients presenting with tandem cervical ICA and distal occlusion. In our small cohort or 4 patients, we show that the "Kitchen-Sink" approach resulted in excellent revascularization rates with similar clinical outcomes.

**References**