



UMC Utrecht

Carotid endarterectomy for patients with recurrent symptomatic internal carotid artery near occlusion

A.J.A. Meershoek, E.P.A. Vonken, P.J. Nederkoorn, L.J. Kappelle, G.J. de Borst

MAC 2017



Universitair Medisch Centrum Utrecht

Disclosure

- I do not have any potential conflict of interest



Introduction

- Prevalence 1,3% (carotid stenosis >70%)¹
- NASCET criteria (≥ 2)^{1,2}
 - Reduced flow of contrast
 - Lumen reduction (ICA < ICA)
 - Lumen reduction (ICA \leq ECA)
 - Collaterals
- ESVS Guideline³: Best Medical Treatment (BMT)

→ No consensus on recurrent symptomatic patients



Aim

Report our treatment approach and outcome in patient with a near occlusion who are recurrent symptomatic despite BMT



Methods

- Retrospective 2008-2017
- Recurrent symptomatic despite BMT
- Near occlusion
 - NASCET criteria
 - UMC Utrecht criteria
Significant stenosis
+
Post-stenotic lumen <2.5mm



Results 1/2

Characteristics	Total 17 patients
Men : Female	12 : 5
Age (years)	65 (IQR 44-81)
Diabetes Mellitus (n)	4
Hypercholesterolemia	13
Contralateral stenosis >50% (n)	0
Symptomatic (n)	
Recurrent TIAs	14
Recurrent strokes	3
Anticoagulantia (n)	
Acetylsalicylic acid + Dipyridamol	10
Acetylsalicylic acid + Clopidogrel	1
Clopidogrel	5
Acetylsalicylic acid	1
Statin (n)	16
Antihypertensive medication (n)	12



Results 2/2

- 15/17 CEA
- N=2 ligation ICA and desobstruction ECA

Outcome	Patients
Primary outcome <30 days (n)	
TIA	0
Stroke	1
Death	1
Secondary outcome >30 days (n)	
TIA	0
Stroke	0
Death	1
Tertiary outcome	
Restenosis >50% (n)	0
Follow up (months)	23 (range 2-71)



Conclusion

CEA could be a treatment option for patients who are recurrent symptomatic despite BMT

