

Urgent CEA (within 48 hours) is usually safe after transient carotid related symptoms – right or wrong?

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Disclosure

Speaker name:

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I have the following potential conflicts of interest to report:

- Consulting
- Employment in industry
- Stockholder of a healthcare company
- Owner of a healthcare company
- Other(s)

- I do not have any potential conflict of interest

Definitions

- **Urgent?** = within 48 hours (elective, early-elective, urgent, emergent)
- **Transient?**
 - **Transient** ischemic attack (TIA), Amaurosis **fugax** (AFX)
 - **Modern Definition:**
 - brief episode of neurologic/ocular dysfunction resulting from focal temporary cerebral ischaemia, which is not associated with acute cerebral/ocular infarction
- 48hours after **what?**
 - first/last/most recent/index/qualifying neurologic event? admission?
- **safe?**
 - Strokes prevented > Stroke/Death provoked

Evidence?

TIA/AFX + minor/non-disabling Stroke



Rothwell et al., 2004

Evidence?

TIA/AFX + minor/non-disabling Stroke



Evidence?

TIA

- Natural history - Stroke risk **at 48 hours**
 - Real World: 0.7%¹
 - RCT: 5.5%²
- Postoperative outcome (Stroke/Death):
 - Real World: 2.3%³ (kombi!)
 - RCT: 4.6%⁴

AFX

- Natural history – Stroke Risk **at 48 hours**
 - Real World: 0%²
 - RCT: ?
- Postoperative outcome (Stroke/Death)
 - Real World: 1.2%³
 - RCT: 3.3%⁴
- Interaction between treatment effect and subgroup „primary symptomatic event“ not significant (NASCET/ECST)⁵

*Risk after AFX or
TIA related to
carotid artery
stenosis*

¹ Eliasziw et al. 2004

² Stromberg et al., 2015

³ Tsantilas et al., 2019

⁴ Knappich et al., 2019

⁵ Rothwell et al., 2004

Summary

- TIA = predictor for stroke
- „Safety“ within 48hours can not be proven
- Risk factors against early surgery in this subgroup?
- 50% of all early-elective symptomatic Carotid artery stenosis after day 8.

Urgent CEA (within 48 hours) is usually safe after transient carotid related symptoms – more right than wrong!

Thank you!

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