

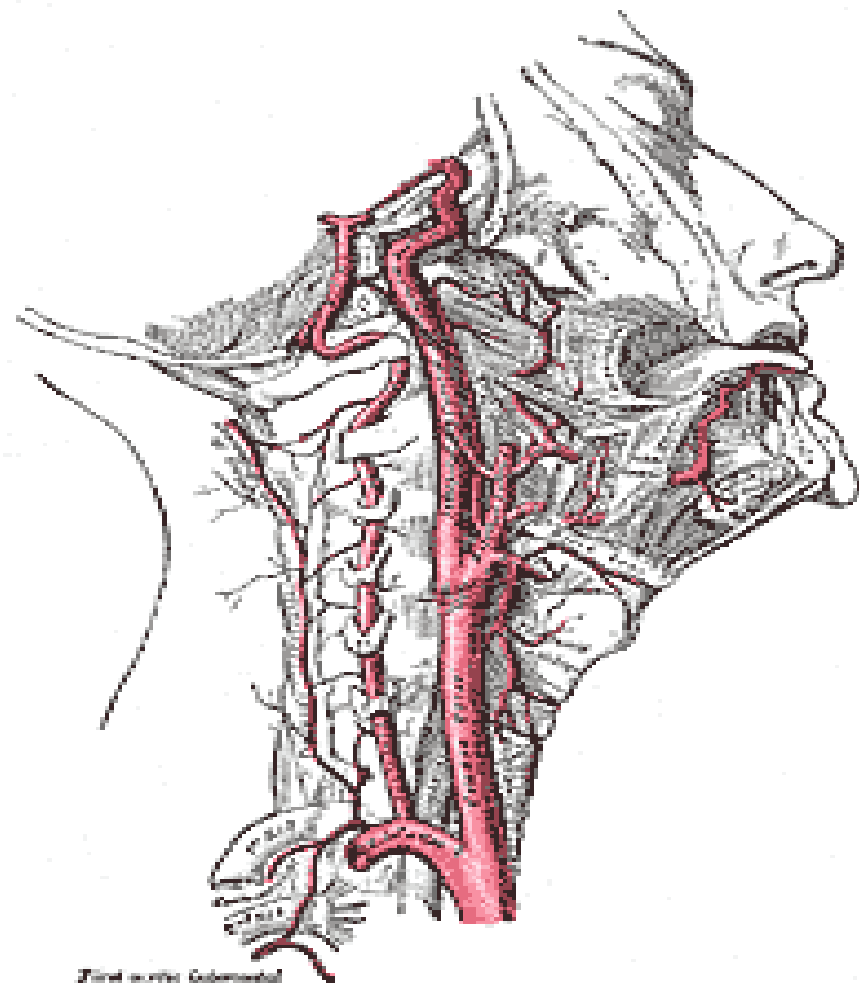
Best Medical Therapy vs carotid endarterectomy vs carotid stenting

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First cervical submental



Extra cranial cerebral vascular disease

Stroke

- Millions affected
- > half require assistance
- Major adverse effect
- Huge financial burden



Extra cranial cerebral vascular disease

- Affect older patients
- Risk for atherosclerosis



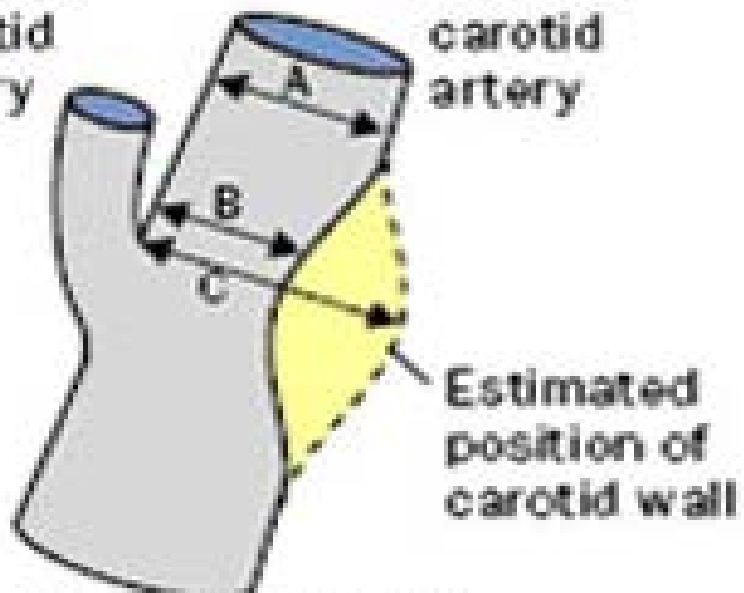
Extra cranial cerebral vascular disease

investigations

- Duplex
- CTA
- Angiogram



Diagnostic criteria

Difference between NASCET and ECST in measurement of internal carotid artery stenosis			
 <p>External carotid artery</p> <p>Internal carotid artery</p> <p>Common carotid artery</p> <p>Estimated position of carotid wall</p>	NASCET	ECST	
	30	65	
	40	70	
	50	75	
	60	80	
	70	85	
	80	91	
	90	97	
<p>NASCET $\frac{A-B}{A}$</p> <p>ECST $\frac{C-B}{C}$</p>		<p>Approximate equivalent degrees of internal carotid artery stenosis used in NASCET and ECST according to recent direct comparisons</p>	



Diagnostic velocity criteria

% stenosis NASCET	PSV _{ICA} cm/s	PSV _{ICA} / PSV _{CCA} ratio	St Mary's ratio PSV _{ICA} /EDV _{CCA}
<50%	<125	<2	<8
50 – 60%	≥125	2 - 4	8 - 10
60 – 69%			11 - 13
70 – 79%	≥230	≥4	14 - 21
80. - 90%			22 - 29
>90% but not near occlusion	≥400	≥5	>30
Near Occlusion	High, low string flow	Variable	variable
Occlusion	No flow	Not applicable	Not applicable



Extra cranial cerebral vascular disease

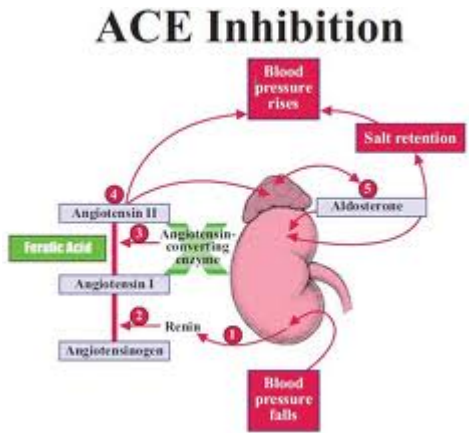
management

- BMT \pm Surgical Intervention





BMT



Extra cranial cerebral vascular disease

- BMT vs CEA + BMT
 - Asymptomatic
 - Symptomatic
- CEA vs CAS
 - Asymptomatic
 - Symptomatic
- BMT vs CAS ?????



BMT vs CEA + BMT

Asymptomatic

RCT	30-day death/stroke	Ipsilateral stroke plus perioperative death/stroke		Any stroke plus perioperative death/stroke		
	After CEA	CEA + BMT	BMT alone	CEA + BMT	BMT alone	
VACS	4.6%	7.0% at 4 yrs	9.4% at 4 yrs	10.4% at 4 yrs	12.0% at 4 yrs	
ACAS	2.3%	5.1% at 5 yrs	11% at 5yrs	12% at 5yrs	17.8% at 5yrs	
ACST-1	2.8%	Not vailable	Not available	6.4% at 5yrs	11.8% at 5yrs	

Age

Gender



BMT vs CEA + BMT

Asymptomatic

Any stroke at 5 yrs including operative risk

stenosis	CEA	BMT	ARR	RRR	NNT	Stroke prevention /1000 CEA
ACAS	5,1%	11,0%	5,9%	54	17	59
ACST	6,4%	11,8%	5,4%	46	19	53

NEJM1995; Lancet 2004



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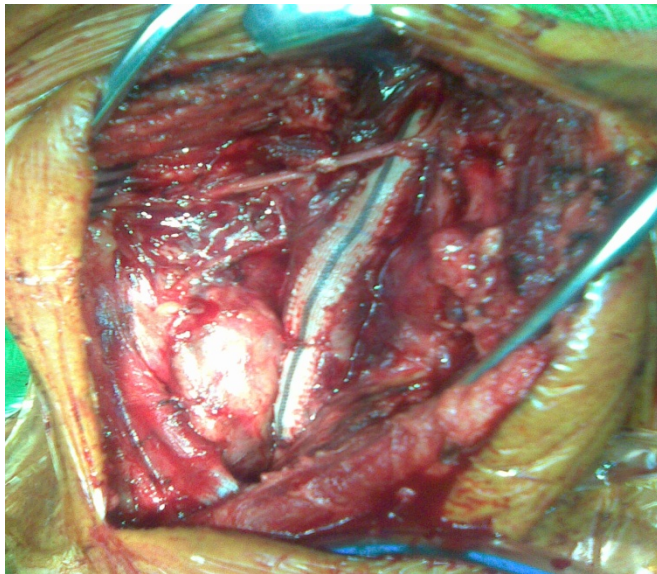
BMT vs CEA + BMT

Symptomatic

Stenosis severity	5-year risk of any stroke (inc. perioperative)		ARR	RRR	NNT to prevent one stroke	No. of strokes prevented per 1000 CEA
NASCET	CEA + BMT	BMT alone	@ 5 yrs	@ 5 yrs	No benefit	@ 5 yrs
0 – 30%	18.4%	15.7%	-2.7%	No benefit	No benefit	None
30 – 49%	22.8%	25.5%	+2.7%	No benefit	No benefit	27
50 – 69%	20.0%	27.8%	+7.8%	28%	13	78
70 – 99%	17.1%	32.7%	+15.7%	48%	6	156
Near occlusion	22.4%	22.3%	-0.1%	No benefit	No benefit	None

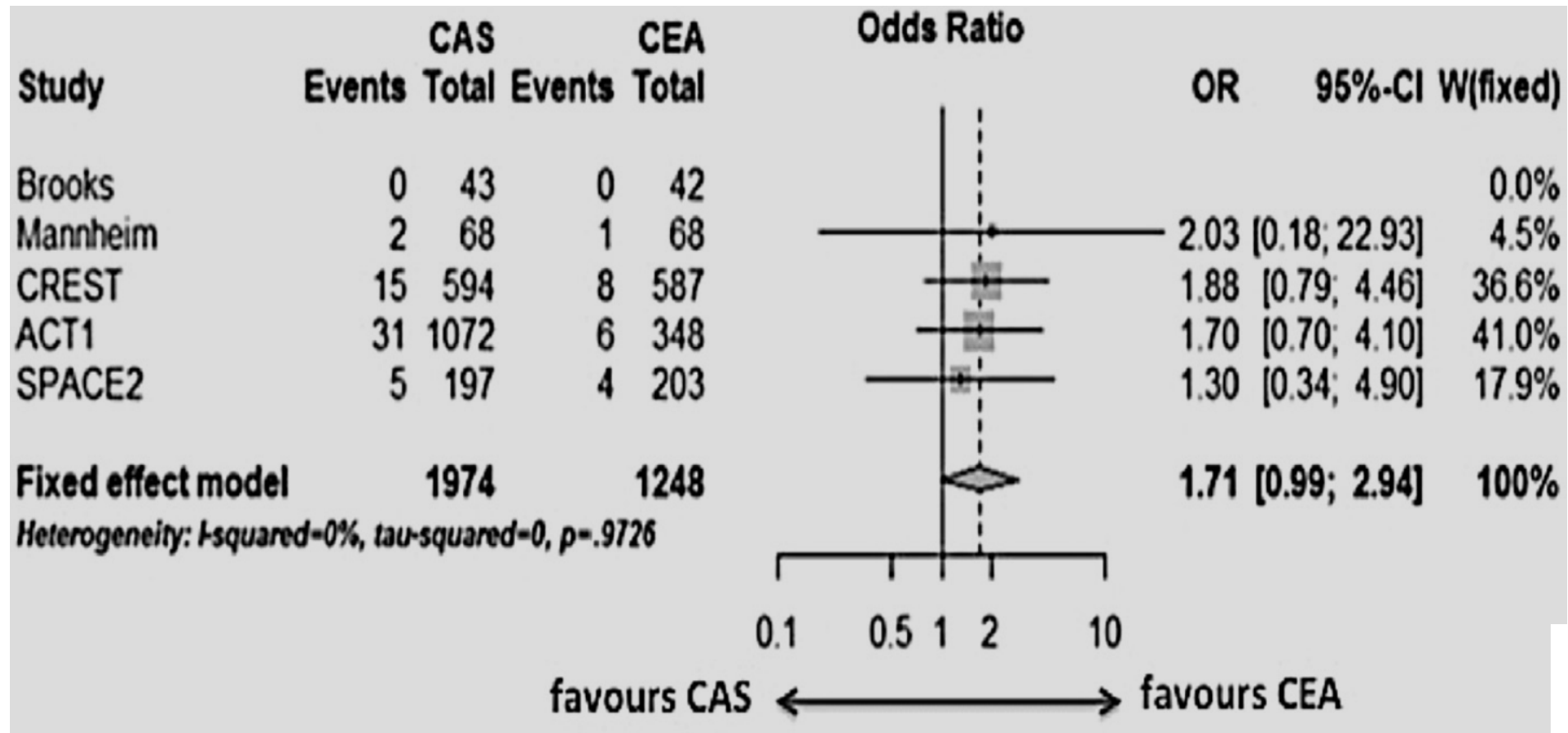


CEA vs CAS



CEA vs CAS

Asymptomatic



CEA vs CAS

Symptomatic

TRIAL	CEA	CAS	P-VALUE
EVA-3S	3.9%	9.6%	0.01
SPACE	6.3%	6.8%	0.09
ICSS	4.7%	8.5%	0.001
CREST	4.5%	5.2%	0,38

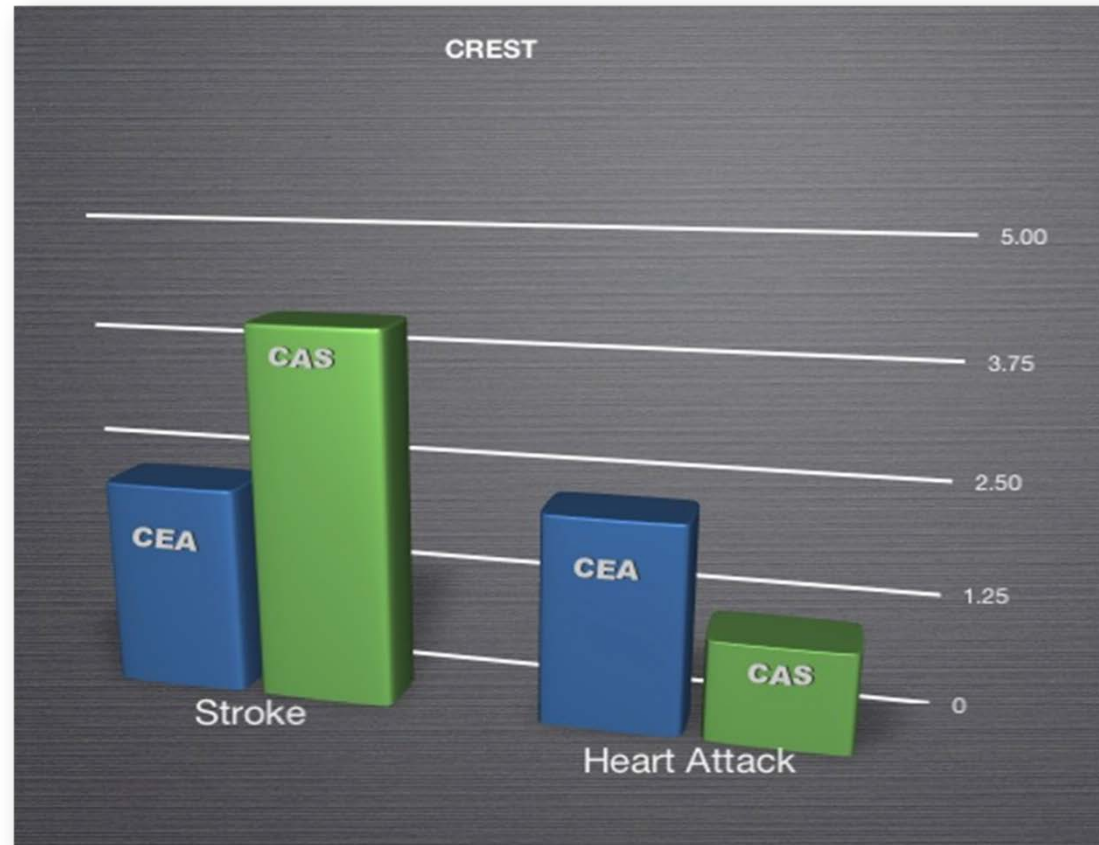


CEA vs CAS

• 30-day outcomes	Symptomatic patients	
	hazard ratio (95% CI)	
• Any stroke	1.81 (1.40-2.34)	favouring CEA
• Death/stroke	1.72 (1.29-2.31)	favouring CEA
• Death/stroke (males)	1.86 (1.19-2.91)	favouring CEA
• Death/stroke (females)	1.53 (1.02-2.29)	favouring CEA
• Death/stroke/MI	1.44 (1.15-1.80)	favouring CEA
• Cranial nerve palsy	0.08 (0.04-0.14)	favouring CAS
• Myocardial infarction	0.44 (0.23-0.87)	favouring CAS
• Severe haematoma	0.37 (0.18-0.77)	favouring CAS
•		



CEA vs CAS



Guidelines

	<50%	50-69%	70-99%
symptomatic TIA/stroke within 6 month	Fresh thrombus Large ulcer	Sx<3% M/M Good op risk Male	Sx<6%M/M
asymptomatic			Sx<3% M/M Good op risk male <75yrs



Thank you

