

Carotid artery endarterectomy indications

Trials and results

The North American Symptomatic Carotid Endarterectomy Trial ([NASCET](#)) found that for patients with a hemispheric or retinal [TIA](#) or a mild (non-disabling) [stroke](#) within 120 days and ipsilateral high grade stenosis (>70%), that [carotid endarterectomy](#) (CEA) reduced the rate of fatal and non-fatal [strokes](#) (by 17% at 18 months) and [death](#) from any cause (by 7% at 18 months) when compared to best medical management (when surgery was performed with perioperative risk of stroke or death of 5.8%). Results were twice as good for patients with stenosis from 90–99% than for those with 70–79%. Furthermore, with [CEA](#) the frequency of major functional impairment was reduced at 2 years.

Unresolved controversies

Include:

1. progressive STROKE ("stroke in evolution")
2. abrupt occlusion
3. tandem lesions (e.g. carotid siphon and bifurcation stenosis): although this topic remains controversial, CEA in patients with tandem lesions has not been associated with increased postoperative stroke rates. Recent case series also report success with endovascular treatment
4. progressive retinal ischemia

BeamSAT

see [BeamSAT](#).

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