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Iowa

Iowa, a Midwestern U.S. state, sits between the Missouri and Mississippi rivers.

The University of Iowa is a co-flagship public research university in Iowa City, Iowa.

Limaye et al. analyzed a retrospective database of Carotid artery stenting (CAS) patients from the University of Iowa Hospitals and Clinics. They included patients with symptomatic isolated ipsilateral extracranial carotid artery stenosis and acute tandem occlusions who underwent CAS. Hyperacute CAS (HCAS) and acute CAS (ACAS) groups were defined as CAS within 48 hours and >48 hours to 14 days from symptoms onset, respectively. The primary outcome was a composite of any stroke, myocardial infarction, or death at 3 months of follow-up. Secondary outcomes were periprocedural complications and restenosis or occlusion rates.

They included 97 patients, 39 with HCAS and 58 with ACAS. There was no significant difference between groups for the primary outcome (HCAS 3.3% vs. ACAS 6.1%; p=1). There were no differences in the rate of perioperative complications between groups although a trend was observed (HCAS 15.3% vs. ACAS 3.4%; p=.057). The rate of restenosis or occlusion between groups (HCAS 8.1% vs. ACAS 9,1%; log-rank test p=.8) was similar with a median time of follow-up of 13.7 months.

Based on this study, CAS may be feasible in the hyperacute period. However, there are potential higher rates of perioperative complications in the hyperacute group, primarily occurring in mechanical thrombectomy (MT) patients with acute tandem occlusion. A larger multicenter study may be needed to further corroborate this findings ¹⁾.

1)

Limaye K, Quispe-Orozco D, Zevallos CB, Farooqui M, Dandapat S, Mendez-Ruiz A, Ansari S, Abdelkarim S, Dajles A, Derdeyn C, Samaniego EA, Ortega-Gutierrez S. Safety and Feasibility of Symptomatic Carotid Artery Stent-Assisted Revascularization within 48 Hours after Symptoms Onset. J Stroke Cerebrovasc Dis. 2021 Mar 22;30(6):105743. doi: 10.1016/j.jstrokecerebrovasdis.2021.105743. Epub ahead of print. PMID: 33765635.

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