Symptomatic carotid artery stenosis

Symptomatic carotid artery stenosis is commonly defined as stenosis in the internal carotid artery, either intracranial or extracranial, leading to symptoms of amaurosis fugax, transient ischemic attacks, or ischemic stroke ipsilateral to the lesion.

For symptomatic carotid artery stenosis, generally, carotid Endarterectomy CEA may be indicated for patients with more than 50% stenosis and is especially beneficial in men, patients aged 75 years or older, and patients who underwent surgery within 2 weeks of their last symptoms ¹⁾.

For asymptomatic carotid artery stenosis, CEA may be indicated for those with more than 60% stenosis, though each guideline has different suggestions in detail. In order to evaluate the indication for CEA in each case, it is important to assess risks for CEA carefully including anatomical factors and comorbidities and to elaborate each strategy for each operation based on preoperative imaging studies including carotid artery ultrasonography, magnetic resonance imaging, and angiography. In surgery, there are many tips on operative position, procedure, shunt usage, and monitoring to perform a safe and smooth operation. Now that carotid artery stenting has been rapidly developed, a better understanding of CEA is required to treat carotid artery stenosis adequately.²⁾.

1) 2)

Hara T, Rai Y. Carotid Endarterectomy. Adv Tech Stand Neurosurg. 2022;44:187-207. doi: 10.1007/978-3-030-87649-4_10. PMID: 35107680.

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