

## **CAROTID ENDARTERECTOMY VS CAROTID STENTING. CRITICAL OVERVIEW AND LEADER EXPERT'S OPINION**

**D. Bartko**<sup>1,2,3</sup> I. Combor<sup>2</sup> B. Boselova<sup>1,2</sup>

<sup>1</sup>*Institute of Medical Sciences, Neurosciences & Military Health,* <sup>2</sup>*Central Military University Hospital,* <sup>3</sup>*Faculty of Health Sciences, Ruzomberok, Slovakia*

Objective: There is no consensus regarding optimal medical management for CI pts. Therefore surgical approach was involved for treatment. Aim: To compare CEA and CAS in CI pts and to present critical overview on both these therapeutical possibilities. Material & Methods: The data from Medline, Cochrane, EMBASE, SCl, own studies were used. Results: Many years CEA has been leading surgical methods. The most influential study was NASCET. Results can be summarized: absolute RR being higher in the 70-99% stenosis than in mild stenosis. CEA didn't have additional benefit over medical therapy. ECST studies confirmed the benefit of CEA. The similar effect of CEA showed many other studies. Despite significant risk reduction, there are still some risks resulting from surgery. In recent years, can be seen increasing enthusiasm for CAS as alternative method to CEA Concerning efficacy, both these procedures have similar early risk of death or stroke. A meta-analysi found no statistically significant difference between the ods of death or any stroke. Prospective multicenter trials found relatively high rate of CI and periprocedural complications related to CAS In other studies the rate of complications varies between 1-4%. The Specialist Advisors expressed uncertainty around the efficacy of this procedure in comparison with surgery. They expressed uncertainty concerning safety. Several factors may contribute to higher complication rate. Many trials performed with various results provoke question: how to perform CAS safely in a given patient. The answer leads to seven strategies incl. using new stent systems. Conclusions: 1. CEA is the gold standard for absolute RR in pts with severe ICA stenosis, 2.the results of CAS should be asses with careful scrutiny, and clearly divided groups of pts: a. angioplasty with or without stenting, b. angioplasty and stenting with or without cerebral protection ect. 3.retrospective single center study are not adequate to prove this technique, 4.training of performing physicians is very important, 5.CAS is technically feasible, but risky. Technology is evolving rapidly.