

CAROTID ENDARTERECTOMY (CEA) AND CAROTID STENTING (CAS) IN ASYMPTOMATIC CAROTID STENOSIS: CAS SHOULD BE STOPPED, SAY OUTSTANDING AND HIGHLY APPRECIATED NEUROLOGISTS. CRITICAL OVERVIEW REGARDING CEA, CAS AND MEDICAL PREVENTION

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Introduction: Prophylactic CEA in asymptomatic carotid stenosis(ACS)pts moderately reduces stroke risk compared with medical management alone. Results led to increasingly perform CEA .They were conducted 20yrs ago, when aspirin was the sole antiplatelet therapy, before time of statins ACI, new antihypertensive agents. Now there is fighting between CEA, CAS and medical prevention. What should we advice the patients?

Aim: 1. to analyze new situation regarding CEA, CAS and medical prevention in ACS; 2. critical overview regarding these three possibilities

Material & Methods: Data from Cochrane, EMBASE, SCI, all Trials (1993-2011), own studies, leader experts' opinion (2010-2011)

Results: For present, CAS offers an alternative to CEA.CAS showed greater efficacy at younger ages, CEA at older ages. For decision which of these procedures to use, it is necessary to take into account various conditions: plaque characteristics, devices, comorbidities. Medical therapy has changed dramatically during last years, the annual stroke rate in medically treated ACS patients has fallen to<1%.There is documented advent of modem medical therapy, its increased use, improved management. Conversely, stroke risk after carotid revascularization remained unchanged. Medical prevention is more effective than CAS and as effective as CEA.It is no longer a subject of controversy. As controversy remains decision between these three possibilities in confrontation with medical prevention, resulting in significant reduction of ipsilateral stroke risk in AHGCAS pts. Comprehensive medical prevention (platelets, statins, antidiabetics, BP regulation, and non medical procedures) has shown decreasing annual ipsilateral stroke rate to 0.34%

Conclusions: 1. Benefit of CAS over modern medical therapy in patients with ACS is unproven at this time; 2. despite some outstanding neurologists are calling for stopping CAS in ACS, in our opinion without pioneers, it does not exist without progress and without trialists; it does not exist without proof. We need both pioneers and trialists.

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