

## **THE CONTROVERSY: REVASCULARIZATION OF ASYMPTOMATIC CAROTID STENOSIS IS STILL INDICATED**

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The best medical management of asymptomatic is a matter of continuous controversy. Revascularization in asymptomatic carotid stenosis (ACAS) is still indicated in some cases. Up to 20% of ischemic stroke is caused by carotid artery disease. Although robust evidence exists regarding the revascularization of symptomatic carotid stenosis, the majority of strokes due to carotid stenosis are not preceded by minor stroke or transient ischemic attack. One approach to prevent stroke is to intervene before symptoms occur. ACST and ACAS trials have demonstrated that carotid endarterectomy for asymptomatic carotid stenosis reduces the risk of stroke. Furthermore ACST have shown that successful carotid endarterectomy for patients younger than 75 years of age reduces 10-year stroke risks and prevents not only non-disabling stroke but also disabling or fatal stroke. Absolute risk reduction of an ipsilateral carotid territory ischemic stroke is highly dependent on the surgical risk. Some authors criticized the lower perioperative risk of ACST and ACAS trials and found it non-generalizable. However in CREST the procedural risk of stroke or death for asymptomatic patients was 1.4% for endarterectomy which is in fact lower than the ACAS and ACST. Therefore revascularization is still indicated in asymptomatic carotid patients in the presence of lower perioperative stroke and death rate. Other factors supporting the indication of revascularization will be also discussed in the presentation.