

Question 9

- Which of the following best describes an indication for performing carotid artery stenting (CAS) or carotid endarterectomy (CEA):
 - A. 65y woman with left sided hemiparesis 8 m ago with RICA 80% stenosis referred for RICAS
 - B. Syncope in 56y male with RICA 70% and LICA 50% stenosis referred for RICA CEA
 - C. 82y male with a recovering LMCA territory ischemic stroke 2 weeks ago with an occluded LICA, referred for CAS
 - D. 72y male with ischemic CVA 2m ago, with ipsilateral 50% angiographic and 70% US derived stenosis, referred for CAS
 - E. None of the above

Question 9

- Which of the following best describes an indication for performing carotid artery stenting (CAS) or carotid endarterectomy (CEA):
 - A. 65y woman with left sided hemiparesis 8 m ago with RICA 80% stenosis referred for RICAS
 - B. Syncope in 56y male with RICA 70% and LICA 50% stenosis referred for RICA CEA
 - C. 82y male with a recovering LMCA territory ischemic stroke 2 weeks ago with an occluded LICA, referred for CAS
 - D. 72y male with ischemic CVA 2m ago, with ipsilateral 50% angiographic and 70% US derived stenosis, referred for CAS
 - E. None of the above

Indications for Carotid Revascularization: Symptomatic

■ Class I

- Patients at average or low surgical risk with ischemic stroke or TIA within 6m should undergo CEA if the diameter of the lumen of the ipsilateral ICA is reduced more than 70% by noninvasive imaging or >50% by angiography and the anticipated rate of perioperative stroke or mortality <6%
- CAS is indicated as an alternative to CEA for symptomatic patients at average or low risk of complications associated with endovascular intervention when the lumen is reduced more than 70% by noninvasive imaging or >50% by angiography and the anticipated rate of perioperative stroke or mortality <6%

Indications for Carotid Revascularization: Asymptomatic

■ Class IIa

- It is reasonable to perform CEA in asymptomatic patients who have more than 70% stenosis of the ICA if the risk of perioperative stroke, MI, and death is low
- It is reasonable to choose CEA over CAS when revascularization is indicated in older patients, particularly when arterial pathoanatomy is unfavorable for endovascular intervention
- It is reasonable to choose CAS over CEA when revascularization is indicated in patients with neck anatomy unfavorable for arterial surgery
- Revascularization is indicated for patients with TIA or stroke and there are no contraindications to early revascularization, intervention within 2 weeks of the index event is reasonable rather than delaying surgery