THE SOCIETY FOR VASCULAR TECHNOLOGY OF GREAT BRITAIN AND IRELAND

Helen Matthews has completed this personal reflection on **04/02/2019**

Paper: Winter 2019 CPD Questions

Personal Reflection:

Colour Duplex detection of anomalous ICA branches at cervical level :

This study found a 4% prevalence of ICA branches. Clinical implications include an association with intra-cerebral vascular abnormalities, particularly aneurysms, indicating routine assessment of ICA branches should be reported in standard carotid imaging protocols.

Aberrant ICA branches are considered to arise from either anomalous persistent fetal branches or be abnormal development of ECA branches arising from the ICA instead of ECA.

It may be possible that some of the patients had atherosclerotic disease potentially occluding ICA branches.

Safety of early carotid artery stenting for symptomatic stenosis :

Carotid artery stenting (CAS) has emerged as an alternative to carotid endarterectomy, the established gold standard in the management of carotid stenosis.

Atherosclerotic disease of the extra-cranial ICA is responsible for 20-25% of ischaemic strokes and the risk of recurrent stroke in patients with symptomatic severe carotid stenosis has been calculated at 11-25% in the first 14 days.

The treatment interval after the ischaemic event with both these procedures has recently changed. Previously clinical guidelines did not recommend intervention in the acute phase and surgery was performed after 6 months. More recently, it ranges from the first 48 hours (UK National Stroke Strategy 2007) to 2 weeks (American Heart Association 2006 guidelines).

It is now well established that treatment must be undertaken as soon as possible after a non-disabling carotid artery stenosis to prevent a new ischaemic event.

This study evaluated the safety of CAS in the early phase and differences were analysed between treatment in the first 14 days and after 15-180 days post non-disabling carotid artery stenosis symptoms.

No differences were found between early and delayed CAS and it can be performed safely in the early phase following an ischaemic stroke.