

Researchers study outcomes of carotid artery stenting following prior carotid procedure

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A new study shows that carotid artery stenting (CAS) following prior same-side carotid artery revascularization is safe, effective and results in lower incidences of in-hospital death, stroke and heart attack compared to first-time CAS for carotid artery stenosis.

This study received "Best of Session" recognition and will be presented in an abstract format at the [American Heart Association](#) annual meeting on November 14 at 9:30 AM in Orlando, FL.

"The optimal management of carotid artery stenosis following prior revascularization is unclear in the available literature," said Nicholas J. Ruggiero, II, M.D., F.A.C.C., F.S.C.A.I., F.S.V.M., director of Structural Heart Disease and Non-Coronary Interventions at the Jefferson Heart Institute and assistant professor of Medicine, Jefferson Medical College of Thomas Jefferson University, second author.

"This is the largest study to show that carotid artery stenting after prior [revascularization](#) has better outcomes for the patient than previously thought possible."

The carotid artery is the main blood vessel carrying oxygenated blood to the brain. It can become narrowed or blocked as a result of plaque build-up from cholesterol, cellular waste products, calcium, and fibrin in the inner lining of an artery or atherosclerosis, or "hardening of the arteries". Carotid artery endarterectomy (CEA), surgical removal of [arterial plaque](#) and [stenting](#) (CAS) are often used to treat carotid artery stenosis and are

key in [stroke prevention](#).

The team retrospectively analyzed and compared NCDR CARE[®] registry data. They reviewed patient and procedural characteristics and clinical outcomes of patients undergoing CAS after prior same-side CEA or CAS with those who had CAS performed one-time for carotid artery stenosis and found a lower rate of in-hospital death, stroke and heart attack in the former.

"These findings have the potential to bring about significant change in how we assess and treat carotid artery stenosis," said Ruggiero.

Provided by Thomas Jefferson University

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