

Carotid Stenting for "Restenosis" after Surgical Endarterectomy

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Background: Carotid endarterectomy (CEA) and carotid stenting (CAS) are potential treatment options for patients with symptomatic and asymptomatic significant internal carotid lesions. In cases of recurrence after CEA, a second surgical approach is optional but usually not recommended. CAS has emerged as good alternative to CEA in general and particularly in cases of "restenosis" after CEA.

Methods: From 2005 to 2008, 200 patients underwent CAS in our institute. In 13 patients (6.5%) the target lesion was "restenosis" after CEA. We describe herein the immediate and long-term results of this group of patients.

Results: Risk factor profile included smoking in 38%, diabetes in 38%, hypertension in 85%, and dyslipidemia in 92%. The recurrence of carotid stenosis was symptomatic in 46% of patients. Stenosis severity by Doppler was >90% in 38% and 70-90% in 54%. In all patients a distal protection device was used and the lesion had to be pre-dilated in 31%. A self-expanding carotid dedicated stent was successfully deployed in all patients and post-dilation was performed. No intra-procedural complications were noted. At 30-day follow-up no major adverse events were recorded.

Conclusions: In this preliminary and limited data in patients with "restenosis" after CEA, CAS seems to be a safe and efficacious method. These patients should be routinely referred to CAS.