Letters to the Editor

Letters to the Editor will be published, if suitable, as space permits. They should not exceed 1,000 words (typed double spaced) in length, and may be subject to editing or abridgement.

Prognosis of Carotid Siphon Stenosis

To the Editor:

In their interesting paper, Wechsler et al.1 confirmed that siphon stenosis carries a poor prognosis for life, as one-third of their patients were dead at the end of a 51-month follow-up. In a previous study2 involving 15 patients with siphon stenosis of > 30% (without proximal atherosclerosis of equal or greater severity), we also found a high mortality. Our series now has 22 patients (12 men, 10 women; mean age 60 years) who have been followed for an average of 40.4 months. The mortality rate is high (1 stroke death, 6 cardiac deaths) and is similar to the previously reported rates, but ipsilateral stroke is higher (Table 1). One-third of the patients could not resume prior activity. There is a striking difference between patients with associated proximal internal carotid artery atherosclerosis and those group; over 80% of all delayed events occurred in the former group. These findings suggest that 1) siphon stenosis in the context of associated proximal atherosclerosis is a marker of severe extracranial disease and bears a very poor prognosis, and 2) isolated siphon stenosis may correspond to another type of atherosclerotic disease, although risk factors do not seem to differ. It is not known at the present time how often isolated siphon stenosis merits the term “atherosclerotic” in the absence of pathological studies.

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<table>
<thead>
<tr>
<th>Author (reference)</th>
<th>Mortality</th>
<th>Ipsilateral stroke</th>
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<tr>
<td>Marzewski et al (3)</td>
<td>12.8%/year</td>
<td>2.3%/year</td>
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<tr>
<td>Craig et al (4)</td>
<td>17.2%/year</td>
<td>7.6%/year</td>
</tr>
<tr>
<td>Wechsler et al (1)</td>
<td>7.8%/year</td>
<td>4.7%/year</td>
</tr>
<tr>
<td>Personal series</td>
<td>9.5%/year</td>
<td>8.1%/year</td>
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Table 1. Mortality and Delayed Ipsilateral Stroke in Siphon Stenosis

References


Aspirin and the Kidneys in Patients With Cerebral Ischemia

To the Editor:

The acceptance of aspirin therapy for prevention of cerebral ischemia is based on positive results of several large clinical trials. The usual dose was 1000–1500 mg/day. It is now known that this dose of aspirin is far greater than that needed to inhibit platelet aggregation in normal subjects, where doses of 20–50 mg daily inhibit platelet aggregation and TxA2 synthesis,1 but for the moment there is no convincing evidence from comparative studies that any dose of aspirin is more or less effective than another.

Several recent reports emphasize the adverse effects of aspirin, indomethacin, and other nonsteroidal anti-inflammatory agents (NSAIAs) on renal function (sodium retention, impairment of water excretion,
Aspirin and the kidneys in patients with cerebral ischemia.
M Monreal, E Lafoz, R Solans, M Foz, V Moreno and D Pumarola

Stroke. 1987;18:537-538
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The online version of this article, along with updated information and services, is located on the World Wide Web at:
http://stroke.ahajournals.org/content/18/2/537.2.citation