Short-term Results of Carotid Endarterectomy

To the Editor:

In their report on carotid endarterectomy in a community-based teaching hospital, Friedmann et al.1 suggest that the “combined mortality/major neurologic morbidity” risk of 3.2% was somehow a function of where the surgery was performed and by whom. There are, however, other plausible explanations.

Members of the study cohort may have been different from patients who undergo surgery at other hospitals. Friedmann et al.1 do not describe the neurological histories and baseline features of their patients in sufficient detail to allow readers to test this possibility. What symptoms were being diagnosed as transient ischemia? What angiographic findings were leading to surgery? What was the prevalence of cardiac comorbidity?

These are all clinical features that are necessary to explain to members of the cohort, the surgery, and the research information about the assembly of the cohort, the baseline characteristics of their patients in sufficient detail to allow readers to interpret the results of this study. Instead of this detail, Friedmann et al.1 state only the age and sex of their patients, the indications for endarterectomy, and on what side of the neck the surgery was performed.

Research methods can have a profound effect on outcome, yet Friedmann et al.1 do not describe their methods. They do not describe the study design (i.e., retrospective versus prospective), the sources of data, or the mechanism for obtaining data, and they do not explicitly define their end points. We believe that this is a retrospective study. If such is the case, it is important to know who was the chart extractor, if the extractor was blinded to the hypothesis to be tested, we did not consider it necessary to have the length of follow-up was limited, as stated in the paper, to 30 days after surgery. We are now in the process of analyzing the long-term results of carotid endarterectomy in the same patient population with regard to neurologic morbidity and mortality.

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Clinical Relevance of Stroke Models

To the Editor:

The insightful editorial by Molinari2 begins to shed light on a fundamental question in cerebrovascular research. As he stated, many therapeutic developments have shown great promise in the laboratory only to be found to have insignificant effects in clinical trials. Unfortunately, his conclusions and proposed solution to this problem are scientifically unsound in several ways.

Dr. Molinari proposes to solve the problem of clinical failure of treatments for stroke by measuring a nonclinical variable, namely, lesion size. It is indeed quite reasonable to assume that the preservation of tissue is better than its destruction. However, mere preservation of tissue, no matter how clear on imaging studies, cannot bring vision to amaurotic hemifields, make a paretic arm move, or restore speech to the aphasiac. Measurement of comparative neuropathology in humans, although interesting in itself, is not directly relevant to the treatment of
Short-term results of carotid endarterectomy.
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