Carotid Artery Stenting Before CABG: A Better Alternative to Treat Concomitant Coronary and Carotid Artery Disease

To the Editor:

We read with great interest the article published recently “Is There Any Benefit From Staged Carotid and Coronary Revascularization Using Carotid Stents?” by Randall et al.1 In our institution, we have a clinical research protocol regarding the management of patients with concomitant coronary and carotid artery disease.2

To date we have treated 37 patients who have had concomitant surgical coronary artery disease and significant carotid artery disease with staged-combined approach of carotid artery stenting (CAS) before coronary artery bypass graft (CABG) surgery. However, our research protocol is different from Randall et al. All the patients underwent CAS with intravenous heparin to maintain an activated clotting time of 200 to 250 seconds along with GpIIb/IIIa inhibitor (Eptifibatide) with a bolus of 180 μg/kg followed by continuous infusion of 2 μg/kg per minute for up to 6 hours before CABG surgery. All patients had CABG within 48 hours after CAS during the same hospitalization. Antiplatelet treatment with aspirin and clopidogrel were started immediately after the CABG. All the patients were evaluated pre- and postprocedures by a board-certified neurologist, and the National Institutes of Health Stroke Scales were recorded. There were no neurovascular complications including transient ischemic attacks, minor or major strokes. There were no postoperative bleeding complications or death. The 30-day neurovascular event rate and mortality were 0%.

It is important to note the difference in approach during CAS and timing between the procedures in our institution and by Randall et al. We attribute our success in part to the proper use of the perioperative antiplatelet therapy.

Although our data are not sufficiently powered to change the present practice guidelines,3 we strongly believe that our experience can be replicated to exceed these guidelines. We also strongly support Randall et al in recommending the need for conducting randomized controlled trials for this debatable topic, “Management of concomitant coronary and carotid artery disease.”

As mentioned by Randall et al, it is imperative to provide such data so as to show the evidence for staged CAS before CABG being successful with little or no morbidity and mortality at 30 days. A national registry exists for CAS, and this data should be provided to accumulate the information required for evidence-based medical changes.

Jeffrey Kramer, MD, FAHA
Joseph Abraham, MD
Paul A. Jones, MD, FACC
Mercy Hospital
Chicago, IL

Carotid Artery Stenting Before CABG: A Better Alternative to Treat Concomitant Coronary and Carotid Artery Disease
Jeffrey Kramer, Joseph Abraham and Paul A. Jones

Stroke. 2006;37:1359; originally published online April 27, 2006; doi: 10.1161/01.STR.0000223011.40166.ba
Stroke is published by the American Heart Association, 7272 Greenville Avenue, Dallas, TX 75231
Copyright © 2006 American Heart Association, Inc. All rights reserved.
Print ISSN: 0039-2499. Online ISSN: 1524-4628

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/37/6/1359

Permissions: Requests for permissions to reproduce figures, tables, or portions of articles originally published in Stroke can be obtained via RightsLink, a service of the Copyright Clearance Center, not the Editorial Office. Once the online version of the published article for which permission is being requested is located, click Request Permissions in the middle column of the Web page under Services. Further information about this process is available in the Permissions and Rights Question and Answer document.

Reprints: Information about reprints can be found online at:
http://www.lww.com/reprints

Subscriptions: Information about subscribing to Stroke is online at:
http://stroke.ahajournals.org//subscriptions/