Severe, But Not Moderate, Carotid Atherosclerosis May Predict Concomitant Vascular Disease in Other Arterial Beds

To the Editor:

Adraktas et al demonstrated that significant (>50%) carotid atherosclerosis did not predict coronary, vertebral, or aortic atherosclerosis in their study including patients (n=120) with acute stroke symptoms.1 The authors concluded that “significant atherosclerotic disease is most often isolated to 1 type of artery in these patients, whereas nonsignificant atherosclerotic disease tends to be more systemic.”1

We retrospectively reviewed the clinical characteristics of 120 patients presenting with internal carotid artery occlusion.2 Of the study group, 84 (70%) patients had clinically evident vascular disease in at least 1 of the 3 arterial beds evaluated (aorta, coronary and lower limb arteries).2 More than one third of the patient group (42 of 120 patients [35%]) had concomitant vascular disease in another 2 of the 3 arterial beds investigated, whereas in 9 (7.5%) patients with internal carotid artery occlusion, concomitant vascular disease was present in all 3 additional arterial beds examined.2 Furthermore, stenosis or occlusion of the ipsilateral or contralateral vertebral arteries was found in >15% of the patients (19 of 120 [15.8%]).2 Finally, nearly half of the patients had a 70% to 99% contralateral carotid artery stenosis (51 of 117 patients [43.6%]).2

The results of our study2 as well as others3–5 suggest that atherosclerosis is a systemic disease that may affect 1 vascular bed. The reason why Adraktas et al failed to reach this conclusion may be the moderate degree of carotid atherosclerosis used as an inclusion criterion in their study (>50%).2 Our study group consisted of patients with internal carotid artery occlusion, that is, severe carotid atherosclerosis.2 Thus, severe (but not moderate) carotid atherosclerosis may predict concomitant vascular disease in other arterial beds.

Disclosures

None.

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