Letter by Calvet et al Regarding Article, “Prevalence of Coronary Atherosclerosis in Patients With Cerebral Infarction”

To the Editor:

We read with interest the paper by Amarenco et al1 about asymptomatic coronary artery disease (CAD) in patients with ischemic stroke. The authors reported a high prevalence of CAD (25.9% for coronary stenosis ≥50% and 61.9% regardless of stenosis severity) in patients with nonfatal cerebral infarction and no known coronary heart disease. They also showed that vascular risk factors and atherosclerosis in other arteries, particularly in extracranial carotid arteries, were predictive factors of CAD.

We agree with the authors that given the current state of knowledge, systematic screening for asymptomatic CAD is not justified. However, we think that screening patients with stroke/transient ischemic attack for 3-vessel disease and left main disease deserves further investigations. In the Clinical Outcomes Utilizing Revascularization and Aggressive Drug Evaluation (COURAGE) study,2 percutaneous coronary intervention in patients with stable CAD did not reduce the risk of death, myocardial infarction, or other major cardiovascular events when added to optimal medical therapy. However, a minority of patients included in COURAGE had 3-vessel disease and patients with left main disease were excluded. In addition, there is some evidence for benefit of revascularization in those patients.3,4 Using 64-section CT coronary angiography,5 we previously reported that approximately one fifth of patients with nondisabling, noncardioembolic ischemic stroke or transient ischemic attack had ≥50% asymptomatic CAD. In addition, we showed that when conventional vascular risk factors were combined with the severity of cervicocephalic atherosclerosis, approximately three fourths of patients with ≥50% asymptomatic CAD and 90% of those with 3-vessel disease or left main trunk disease could be identified in a subset of patients accounting for 40% of our stroke population. It would be interesting to know whether Amarenco et al1 could identify a subset of patients that comprised the majority of patients with 3-vessel disease or left main disease. If such a subset of patients is easily identifiable, the benefit of screening patients with stroke/transient ischemic attack for subsequent optimization of the medical treatment and/or coronary revascularization will need to be assessed.

Disclosures

None.

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