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.

David Calvet, MD
Emmanuel Touze, MD, PhD
Jean-Louis Mas, MD
Paris Descartes University
Centre de Psychiatrie et Neurosciences INSERM UMR 894
Department of Neurology
Centre Hospitalier Sainte-Anne
Paris, France


(Stroke. 2011;42:e406.)
© 2011 American Heart Association, Inc.
Stroke is available at http://stroke.ahajournals.org
DOI: 10.1161/STROKEAHA.111.616417
Letter by Calvet et al Regarding Article, "Prevalence of Coronary Atherosclerosis in Patients With Cerebral Infarction"
David Calvet, Emmanuel Touzé and Jean-Louis Mas

Stroke. 2011;42:e406; originally published online May 19, 2011;
doi: 10.1161/STROKEAHA.111.616417

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/42/7/e406

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/