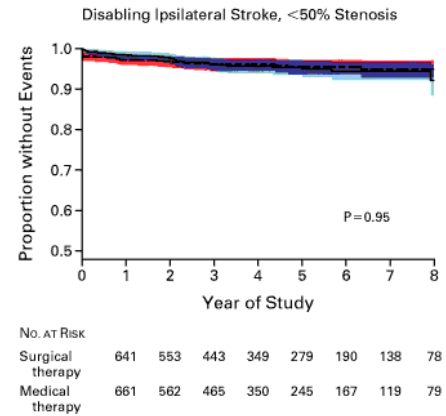
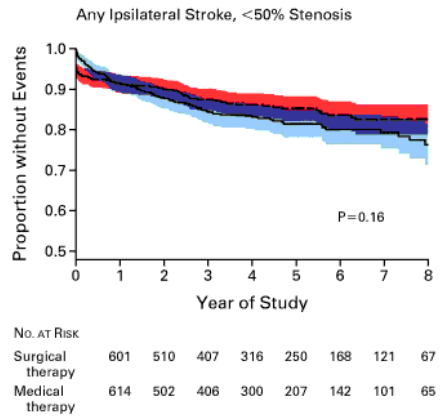
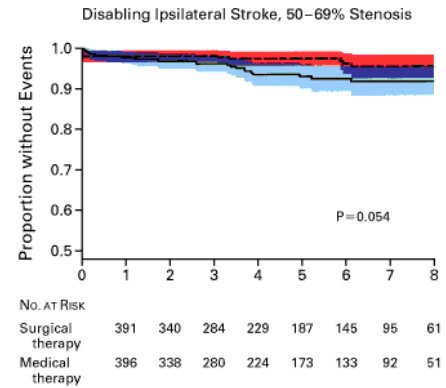
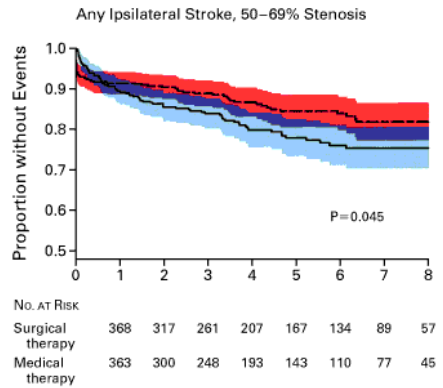
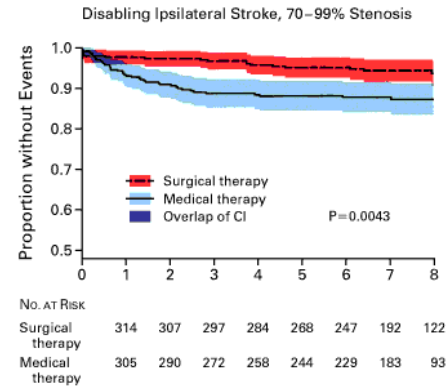
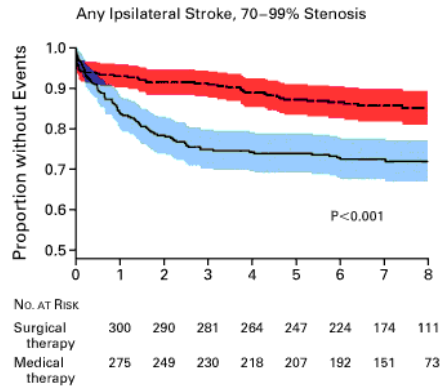


Pr H HOSSEINI
Stroke Unit
CHU Henri MONDOR
CRETEIL



Chirurgie de la carotide

- bénéfique
- AIT
- AIC, Rankin <3
- degré de sténose (artériographie)
 - >70% : RRA de 16%
p<0.001
 - 50-69% : RRA de 4.6%
p=0.04
 - 30-49% : RRA de 3.2%
p=0.6
 - <30% : RRA - 2.2% *Rothwell, Lancet 2003*





- Removal of source of thromboembolic
- Restoring normal perfusion

- Ipsilateral stroke
- Hemorrhagic transformation
- Edema
- Hyperperfusion

Quand opérer ?

- Débattu
- Tôt
 - risque d'hémorragie
 - ACM, HTA, taille de l'infarctus
 - extension de l'infarctus
- Tard
 - risque de récurrence d'AVC
 - risque d'occlusion de la carotide

Quand opérer ? Consensus

- après AVC
 - stable sur le plan neurologique
 - Rankin < 3
 - Imagerie (TDM ou IRM) pas d'œdème ni edm
 - BHE cicatrisée
 - prise de pdc
- Plus rapidement si AIT
- Différé si thrombus flottant

Sbarigia *et al.*, Eur J Vasc Endovasc Surg 2006

- CEA, 100 patients
- 1.5 d after stroke
- NIHSS < 22

- Morbidity/Mortality 7.3 %
- Significant improvement
- No hemorrhagic transformation

Ballotta *et al.*, J Vasc Surg 2008

- 100 patients
- mRS < 2
- < 2 weeks after stroke
- Median time 8 d

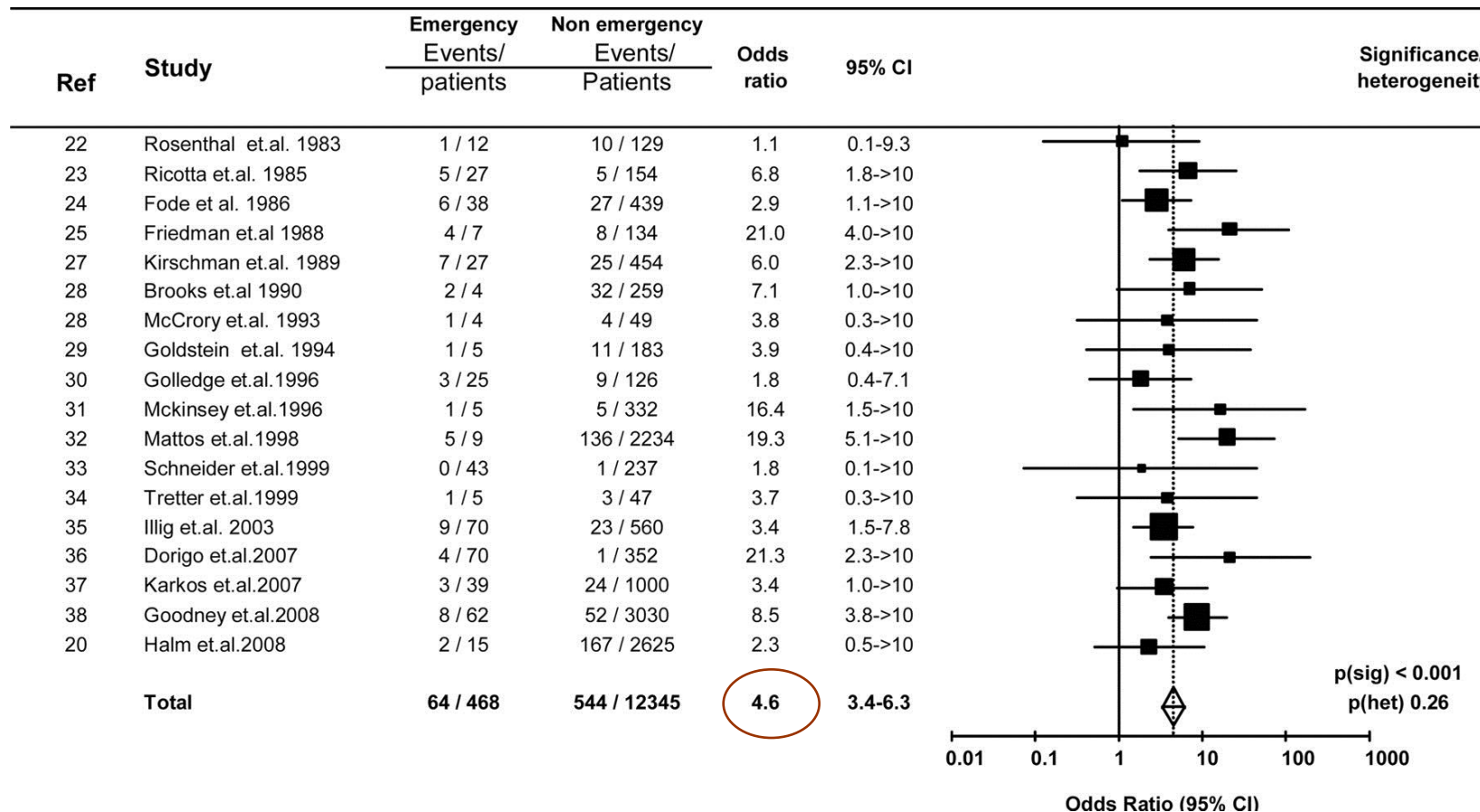
- No New Stroke
- No Hemorrhagic transformation
- No edema

Systematic Review of the Operative Risks of Carotid Endarterectomy for Recently Symptomatic Stenosis in Relation to the Timing of Surgery

by Kittipan Rerkasem, and Peter M. Rothwell

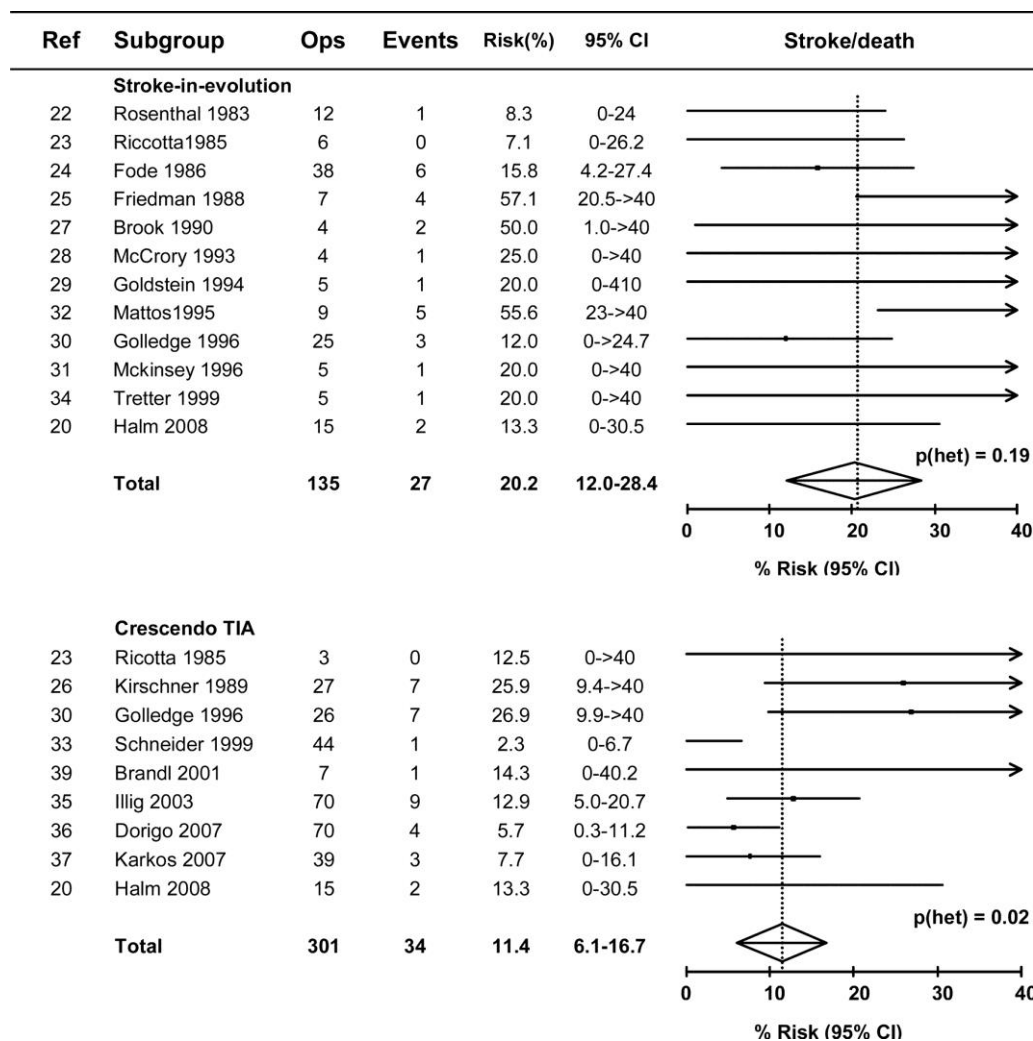
Stroke
Volume 40(10):e564-e572
October 1, 2009

Figure 2. The odds of operative stroke and death after emergency carotid endarterectomy for unstable neurological deficit (crescendo TIA and stroke in evolution) vs nonemergency surgery.



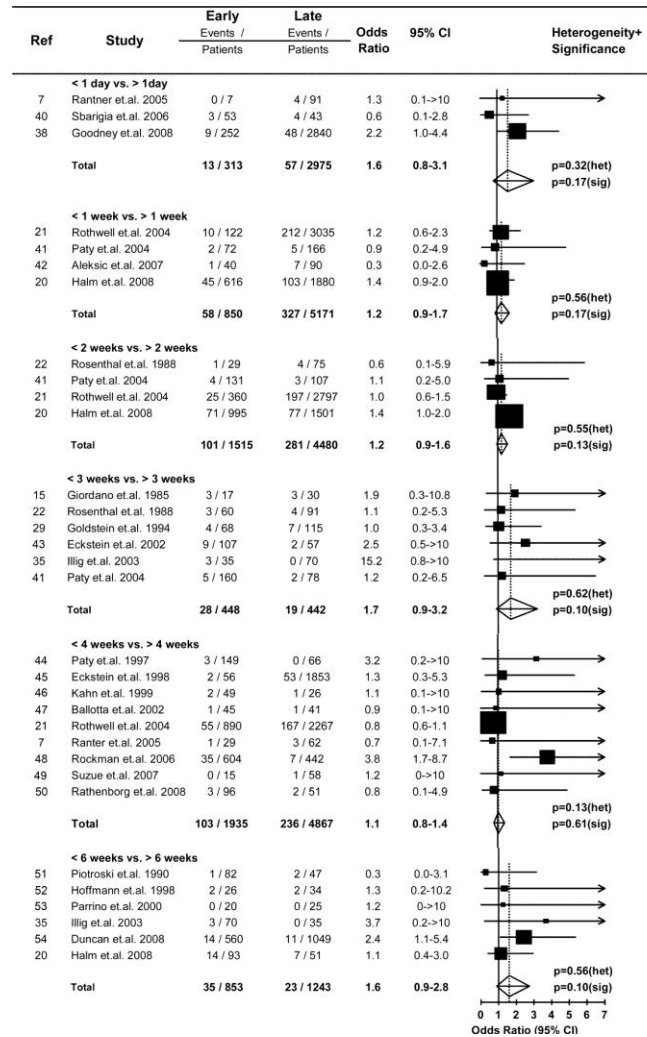
Rerkasem K, Rothwell P. Stroke 2009;40:e564-e572

Figure 3. Meta-analysis of operative stroke and death rates after carotid endarterectomy in patients with stroke in evolution and crescendo TIA in studies.



Rerkasem K, Rothwell P. Stroke 2009;40:e564-e572

Figure 4. The odds of operative stroke and death after early carotid endarterectomy (<1 day to 6 weeks) for established cerebral TIA or stroke vs late surgery (>1 day to 6 weeks).



Rerkasem K, Rothwell P. Stroke 2009;40:e564-e572

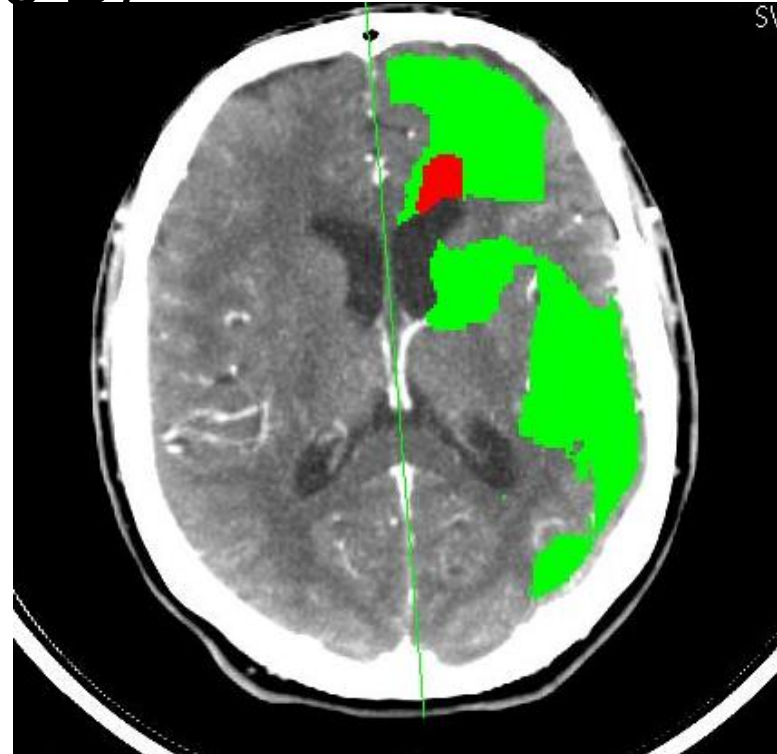
Rerkasem and Rothwell, 2009

- Emergency CEA >>> non emergent OR 4.6
- Stroke in evolution 20 %
- Crescendo TIA 11 %

- Early versus late surgery
- No difference

Emergent CEA, 2014

- New deficit immediately after CEA
- Small infarct with large penumbra
 - (Class IIb, level of evidence B)
- Mismatch $D < P$
- Precaution if
 - Stroke in evolution
 - Crescendo TIA





“Don’t damage my brain
it is my second favorite organ” W.A.