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学位の種類	博士 (医学)
報告番号	甲第1939号
学位記番号	第1369号
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授与年月日	令和5年3月24日
学位論文の題名	Urgent Carotid Revascularization Using CAS in Patients with Symptomatic Carotid Stenosis (症候性頸動脈狭窄症に対する頸動脈ステント留置術による超急性期血行再建術)  Turkish Neurosurgery, Accepted
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The high recurrence rates of stroke or transient ischemic attack (TIA) in the early phases of carotid stenosis suggest that early carotid revascularization [carotid endarterectomy (CEA) or carotid artery stenting (CAS)] within 2 weeks of symptom onset may be beneficial. However, available evidence on the suitability of these procedures within 48 hours is contradictory, with some studies reporting an increased incidence of complications. The aim of this retrospective study was to analyze the treatment outcomes and safety of urgent carotid revascularization using CAS. This study included 42 patients diagnosed with minor ischemic stroke, TIA, or amaurosis fugax due to carotid stenosis who underwent CAS or CEA within 2 weeks of symptom onset in the period between April 2013 and September 2020. Of these, 6 patients were treated using CAS or CEA within 48 hours of onset due to the recurrence of stroke or TIA immediately after admission. CAS was performed in the absence of associated risk factors, and the choice of treatment (CAS or CEA) was left to the surgeon's discretion otherwise. Peri-procedural complications were observed in 3 patients, all of whom underwent treatment 3–14 days after symptom onset. Good treatment outcomes (modified Rankin Scale 0–2) were observed in 5 (83.3%) patients treated 0–2 days after symptom onset and in 27 (73.0%) patients treated 3–14 days after onset. In the presence of unstable symptoms related to carotid stenosis, urgent carotid revascularization using CAS should be performed. However, evaluation of the presence of risk factors for CAS is essential, and CEA should be performed in patients exhibiting calcifications around the circumference of the lesion.