CAROTID ARTERY STENTING IN ELDERLY PATIENTS

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BACKGROUND

Carotid stenting(CS) could be safely performed in elderly patients if certain anatomical and clinical markers such as excessive vascular tortuosity.

OBJECTIVES

We tried to determine the influence of age on complication rates of carotid artery stenting.

METHODS

From April 2014 to December 2015, 52 patients underwent 69 procedures. Patients had either symptomatic stenosis ≥50% or asymptomatic stenosis ≥70%. All patients underwent carotid CT angiography to determine anatomic suitability and stent risk. Independent neurology evaluation was performed before and at 24 hr after the procedure. The mean age was 75.2 years, 73.7% were male, 70.5% were symptomatic, 3.5% had postcarotid endarterectomy restenosis, and 8.0% had contralateral internal carotid artery occlusion.

RESULTS

CS was successfully completed in 67 procedures (97.1%). There are two procedural failures. One patient had a distal filter stuck in the stent which can not to be removed. This patient underwent emergency surgery. Another patient common carotid artery dissection during sheath placement, deployed one more stent. There were no intracranial hemorrhages or periprocedural myocardial infarctions. One patient had minor contrlateral stroke. Thus the overall 30-day stroke rate was 1.4%.

CONCLUSION

CS can be performed safely in elderly patients with low adverse event rates. CS should remain a revascularization option in appropriately selected elderly patients.