

#11 SHOULD PATIENTS ON DIALYSIS UNDERGO CAROTID ENDARTERECTOMY FOR ASYMPTOMATIC HIGH GRADE STENOSIS?

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Purpose: Carotid endarterectomy (CEA) for asymptomatic high-grade stenosis is beneficial in those having an expected survival of at least 5 years. However, individuals on dialysis are generally considered to have a limited survival and an increased perioperative risk. We evaluated the outcome and long term survival of patients on dialysis undergoing CEA for asymptomatic disease.

Methods: Over a 5-year period, we reviewed all patients treated with eversion CEA for asymptomatic >70% carotid artery stenosis. Patient's demographics, risk factors, perioperative complications, as well as the long-term survival were analyzed.

Results: From 1996 to 2001, 17 patients (13 male, 4 female) underwent eversion CEA for treatment of high grade (>70%) asymptomatic stenosis. Patient risk factors included coronary artery disease (82%), hypertension (94%), and diabetes mellitus (41%), and the mean follow-up was 11.3 months (range 1-53 months). There were no perioperative strokes or deaths, and 4 (24%) patients died at a mean period of 14.5 months.

Conclusion: CEA can be performed safely in patients with end stage renal disease on dialysis. However, the benefits of long term stroke prevention in these patients remains questionable due to poor survival.