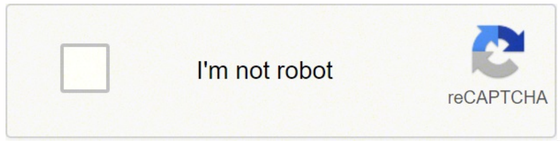

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Esvs guidelines carotid

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Management of Atherosclerotic Carotid and Vertebral Artery Disease: 2017 Clinical Practice Guidelines of the European Society for Vascular Surgery (ESVS)

Writing Group [a], **A.R. Naylor, J.-B. Ricco, G.J. de Borst, S. Debus, J. de Haro, A. Halliday, G. Hamilton, J. Kakisis, S. Kakkos, S. Lepidi, H.S. Markus, D.J. McCabe, J. Roy, H. Sillesen, J.C. van den Berg, F. Vermassen, ESVS Guidelines Committee** [b], **P. Kolh, N. Chakfe, R.J. Hinchliffe, I. Koncar, J.S. Lindholt, M. Vega de Ceniga, F. Verzini, ESVS Guideline Reviewers** [c], **J. Archie, S. Bellmunt, A. Chaudhuri, M. Koelemay, A.-K. Lindahl, F. Padberg, M. Venermo**

Keywords: Carotid, Vertebral, Stroke, Transient ischaemic attack, Endarterectomy, Stenting, Medical therapy, Screening, Dementia, Asymptomatic, Symptomatic, Thrombolysis, Imaging, Bypass, Surgical techniques, Complications, Patch infection, Restenosis

TABLE OF CONTENTS

[a] **Writing Group**: A.R. Naylor (Leicester, UK, co-chairman),* J.-B. Ricco (Poitiers, France, co-chairman), G.J. de Borst (Utrecht, Netherlands), S. Debus (Hamburg, Germany), J. de Haro (Madrid, Spain), A. Halliday (Oxford, UK), G. Hamilton (London, UK), J. Kakisis (Athens, Greece), S. Kakkos (Patras, Greece), S. Lepidi (Padova, Italy), H.S. Markus (Cambridge, UK), D.J. McCabe (Dublin, Ireland), J. Roy (Stockholm, Sweden), H. Sillesen (Copenhagen, Denmark), J.C. van den Berg (Lugano/Bern, Switzerland), F. Vermassen (Ghent, Belgium).
[b] **ESVS Guidelines Committee**: P. Kolh (Liege, Belgium), N. Chakfe (Strasbourg, France), R.J. Hinchliffe (Bristol, UK), I. Koncar (Belgrade, Serbia), J.S. Lindholt (Odense, Denmark), M. Vega de Ceniga (Galdakao, Spain), F. Verzini (Perugia, Italy).
[c] **ESVS Guideline Reviewers**: M. Vega de Ceniga (Review Coordinator) (Galdakao, Spain), J. Archie (Raleigh, USA), S. Bellmunt (Barcelona, Spain), A. Chaudhuri (Bedford, UK), M. Koelemay (Amsterdam, Netherlands), A.-K. Lindahl (Oslo, Norway), F. Padberg (Newark, USA), M. Venermo (Helsinki, Finland).
* Corresponding author. *E-mail address:* ross.naylor@uhl-tr.nhs.uk

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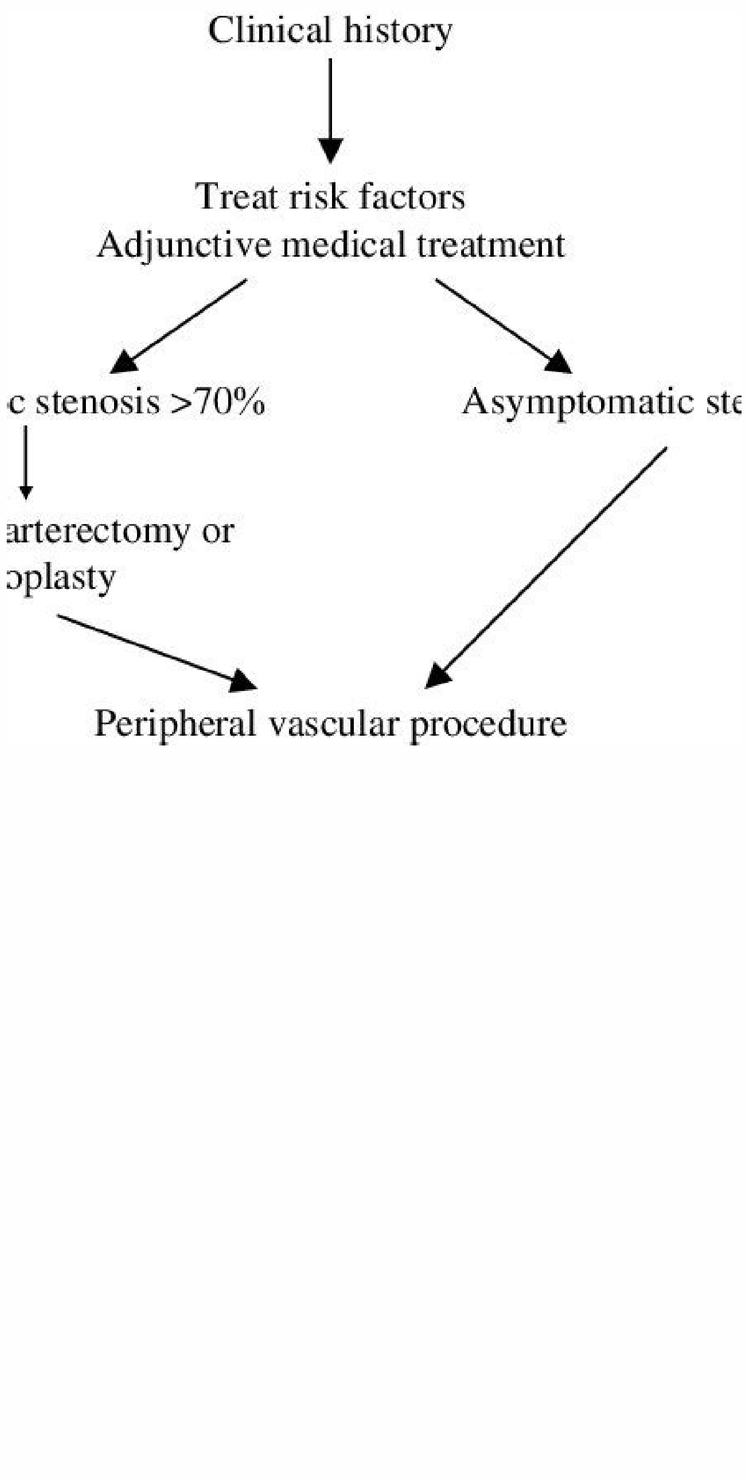
(for details see Web Table 5).

Clinical[a]	• Contralateral TIA/stroke[121]
Cerebral imaging	• Ipsilateral silent infarction[122]
Ultrasound imaging	• Stenosis progression (> 20%)[123] • Spontaneous embolization on transcranial Doppler (HITS)[124] • Impaired cerebral vascular reserve[125] • Large plaques[b] [126] • Echolucent plaques[96] • Increased juxta-luminal black (hypoechogenic) area[127]
MRA	• Intraplaque haemorrhage[128] • Lipid-rich necrotic core

HITS = high intensity transient signal; MRA = magnetic resonance angiography; TIA = transient ischaemic attack.
[a] Age is not a predictor of poorer outcome.
[b] More than 40 mm^2 on digital analysis.



РЕКОМЕНДАЦИИ ЕОК/ЕОСХ ПО ДИАГНОСТИКЕ И ЛЕЧЕНИЮ ЗАБОЛЕВАНИЙ ПЕРИФЕРИЧЕСКИХ АРТЕРИЙ 2017

В документе рассматриваются вопросы атеросклеротической болезни экстракраниальных отделов сонных, позвоночных, мезентериальных, почечных артерий и артерий верхних и нижних конечностей.

Одобрено: Европейской организацией по изучению инсульта (ESO, ЕОИ).

Состав рабочей группы по составлению данных рекомендаций включает в себя представителей Европейского общества кардиологов (ESC, ЕОК) и Европейского общества сосудистых хирургов (ESVS, ЕОСХ).

Авторы/члены рабочей группы: Victor Aboyans* (Председатель ЕОК) (Франция), Jean-Baptiste Ricco*[1] (Со-Председатель) (Франция), Marie-Louise E. L. Bartelink (Нидерланды), Martin Björck (Швеция), Marianne Brodmann (Австрия), Tina Cohnert[1] (Австрия), Jean-Philippe Collet (Франция), Martin Czerny (Германия), Marco De Carlo (Италия), Sebastian Debus[1] (Германия), Christine Espinola-Klein (Германия), Thomas Kahan (Швеция), Serge Kownator (Франция), Lucia Mazzolai (Швейцария), A. Ross Naylor[1] (Великобритания), Marco Roffi (Швейцария), Joachim Rother[2] (Германия), Muriel Sprynger (Бельгия), Michal Tendera (Польша), Gunnar Tepe (Германия), Maarit Venermo[1] (Финляндия), Charalambos Vlachopoulos (Греция), Ileana Desormais (Франция).

Рецензенты: Petr Widimsky (рецензент-координатор ЕОК) (Чехия), Philippe Kolh (рецензент-координатор ЕОСХ) (Бельгия), Stefan Agewall (Норвегия), Héctor Bueno (Испания), Antonio Coca (Испания), Gert J. De Borst[1] (Нидерланды), Victoria Delgado (Нидерланды), Florian Dick[1] (Швейцария), Cetin Erol (Турция), Marc Ferrini (Франция), Stavros Kakkos[1] (Греция/Великобритания), Hugo A. Katus (Германия), Juhani Knuuti (Финляндия), Jes Lindholt[1] (Дания), Heinrich Mattle[1] (Швейцария), Piotr Pieniazek (Польша), Massimo Francesco Piepoli (Италия), Dierk Scheinert (Германия), Horst Sievert (Германия), Iain Simpson (Великобритания), Jakub Sulzenko (Чехия), Juan Tamargo (Испания), Lale Tokgozoglu (Турция), Adam Torbicki (Польша), Nikolaos Tsakountakis (Греция), José Tuñón (испания), Melina Vega de Ceniga[1] (Испания), Stephan Windecker (Швейцария), Jose Luis Zamorano (Испания).

Декларации конфликта интересов всех экспертов, участвовавших в разработке настоящих рекомендаций, доступны на сайте ESC http://www.escardio.org/guidelines.

Приложения, вопросы и ответы, относящиеся к данным методическим рекомендациям доступны на странице: www.escardio.org/Guidelines/Clinical-Practice-Guidelines/Peripheral-Artery-Diseases-Diagnosis-and-Treatment-of

Справочные материалы и детальное обсуждение базовой информации данных рекомендаций на странице https://academic.oup.com/eurheartj/article-lookup/doi/10.1093/eurheartj/ehw095#supplementary-data.

*Авторы, ответственные за переписку: Victor Aboyans, Department of Cardiology CHRU Dupuytren Limoges, 2 Avenue Martin Luther King, 87042 Limoges, France. Tel: +33555056310, Fax: +33555056334, Email: vaboyans@live.fr. Jean-Baptiste Ricco, Department of Vascular Surgery, University Hospital, rue de la Miletrie, 86021 Poitiers, France. Tel: +33549443848, Fax: +33549505055, Email: jeanbaptistericcoi@gmail.com

Рецензенты Комитета ЕОК по клиническим рекомендациям и Национальных кардиологических обществ перечислены в Приложении.

[1]Представляют Европейское общество сосудистых хирургов (ESVS, ЕОСХ).

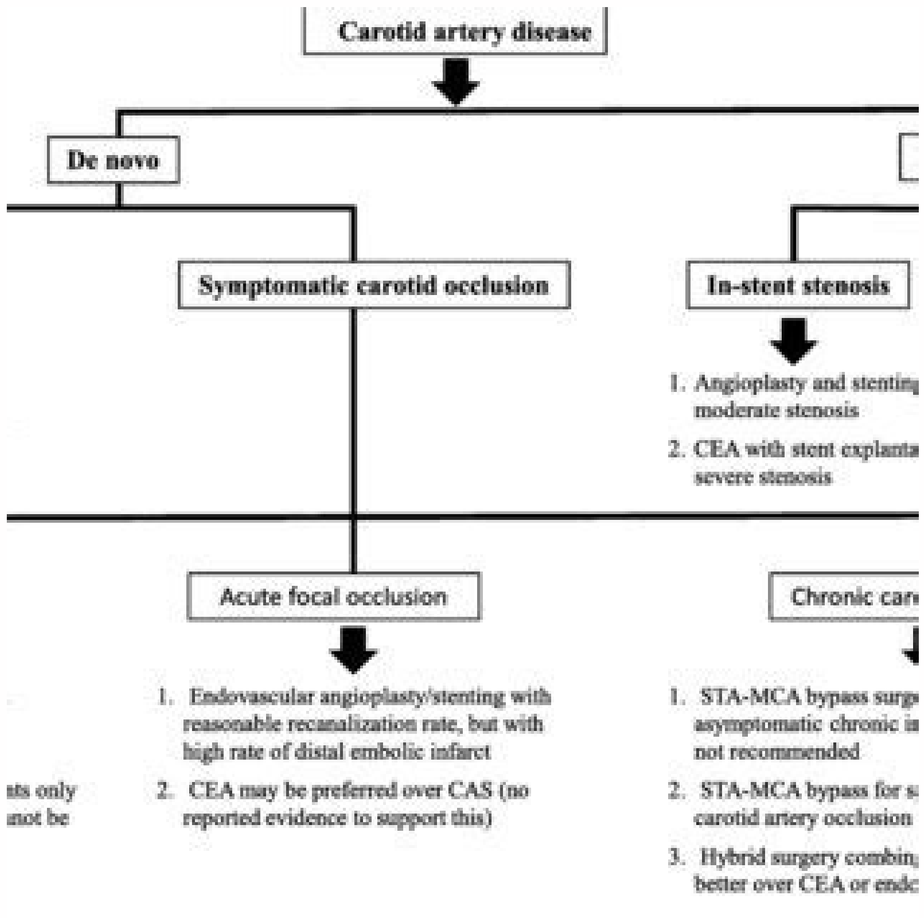
[2]Представляют Европейскую организацию по изучению инсульта (ESO, ЕОИ).

В подготовке данных рекомендаций приняли участие следующие подразделения ESC:

Ассоциации ESC: Европейская ассоциация по превентивной кардиологии (European Association of Preventive Cardiology; EAPC), Европейская ассоциация специалистов по методам визуализации сердечно-сосудистой системы (European Association of Cardiovascular Imaging; EACVI), Европейская Ассоциация по чрескожным коронарным вмешательствам (European Association of Percutaneous Cardiovascular Interventions; EAPCI).

Советы ESC: Council on Cardiovascular Nursing and Allied Professions (CCNAP), Council for Cardiology Practice (CCP), Council on Cardiovascular Primary Care (CCPC), Council on Hypertension (CHT).

Рабочие группы ESC: Атеросклероз и сосудистая биология, Фармакотерапия сердечно-сосудистых заболеваний, Периферийная циркуляция, Тромбоз.



Esvs guidelines carotid endarterectomy.

Although I do not personally agree with its recommendations, for example, in the management of concurrent cardiac surgery and carotid stenosis, or nuances of decision-making in asymptomatic patients, it is extremely informative and impressive to see most of the evidence that the authors of the guidelines present.doi: 🔒 2017 from the Society for the vascular surgery. Many recommendations are similar to those presented in the American Heart Association / American Heart Association / American Tight Association (AHA / ASA) guidelines, 2 but the ESV 2017 guidelines include several new features, such as sections on trials supporting rapid interventions in newly symptomatic patients, timing of interventions after thrombolysis and management of carotid and concurrent heart disease Right. In spirit, I was surprised to find little consideration of it in the 2017 ESVS document. 67issue 2PreviewThe 2017 European Society for Vascular Surgery (ESV) Guidelines1 For the management of atherosclerotic carotid and vertebral artery disease is a comprehensive document that should guide clinical practice not only in Europe but also worldwide. Considering that this may be related to the temporal availability (or lack thereof) of recent studies and trials, the hybrid, direct transcarotid pathway approach with reverse flow as a protective mechanism must be demonstrated as the lowest risk of peripheral stroke of any carotid stent. Considering that many if not most of these criteria are both intuitively logical based on what we know of tract pathogenesis from carotid lesions and evidence based on observational, conglomerate studies, many of the imaging criteria listed are not generally available in most practices. ,itittabid ,itittabid ihcceV .AEC led acirefirep azzerucis al eregnuiggar etnemlaiznetop e otaroilgim ais ehc elibaborp ¨Ã oeditorac id tnets ol ehc ataraihcid osseps avresir al eneitnoc irotua ilged ovisulcnoc ofargarap II . fallacy of revisionist history, and transatlantic differences in clinical decision-making referable to carotid bifurcation atherosclerosis are highlighted in the newly published 2017 European Society for Vascular Surgery (ESVS) guidelines.1Naylor A.R. Ricco J.B. de Borst G.J. Debus S. The 2017 ESVS guideline appears to be concordant with this information in that its recommendation 19 considers CAS only in selected (as noted before) asymptomatic patients when ¢ÃÂÂthe multidisciplinary team determines the patient to be at high risk for surgery.¢ÃÂÂ The fact that long-term data from CREST and ACT I suggest long-term protection from stroke is equivalent for both CEA andÃ ÂCAS indicates that the practical consideration of getting such stents in safely should be predominant in clinical decision-making. The imaging characteristics claimed to subgroup asymptomatic patients with a >60% stenosis as high risk for stroke are largely duplex ultrasound derived (lesion progression and plaque characterization) but also include the identification of prior ipsilateral stroke on brain imaging and the identification of dynamic plaque events such as intraplaque hemorrhage on magnetic resonance imaging (MRI). Even somewhat amusing is the resurrection of the carotid artery stenting (CAS) as an alternative (typically considered in some quarters to mean equivalent) to carotid endarterectomy (CEA) language; at least in symptomatic patients, the 2017 ESVS guideline strongly endorses CEA (vs CAS) as the preferred intervention in the majority of patients. et al.Writing GroupManagement of atherosclerotic carotid and vertebral artery disease: 2017 clinical practice guidelines of the European Society for Vascular Surgery (ESVS) [published online ahead of print].Abstract Full Text Full Text PDF PubMed Scopus (504) Google Scholar The document itself is ponderous, running some 80 pages and inclusive of nearly 500 references; indeed, I found it a reference document. This has been verified in many meta-analyzes in addition to well-led randomized prospective studies, such as carotid cooterization endarterectomy vs stenting trial (CREST) and Asymptomatic Carotide Trial (ACT) I. The Society for Vascular Surgery Vascular Quality Initiative has collaborated with The Food and Drug Administration and with Centers for Medicare and Medicaid Services to evaluate the safety and effectiveness of this carotid stenting approach. The ESVS 2017 guideline should serve as a reference guide for vascular surgeons in the clinical decision making. It is known, for example, that a third of carotid bifurcation lesions detected with magnetic resonance will demonstrate to have intraplacca bleeding, regardless of the symptomatic state of the patient. This, of course, suggests that the surrogate that has always been used to identify the plaque at risk in an asymptomatic patient, ie the degree of stenosis, is perhaps completely logical after all. Furthermore, suggesting that all asymptomatic patients should undergo a high resolution magnetic resonance for the characterization of the plates would be imprudent from the point of view of the cost-effectiveness ratio. De Haro J. Unlike almost all existing guidelines, the new document does not take into consideration the degree of stenosis or fundamental clinical features, such as the patient's age. Posted by Elsevier Inc. This is, in turn, aligned with the recommendations to proceed with CEA within 2, weeks from the neurological index event and the related and convincing information that Transphemoral CAS in this context has rates of unacceptable neurological complications . Wheel of the previous guidelines in its consideration of asymptomatic patients, the ESVS 2017 document attempts to define subgroups of patients (only on the basis IMA that could be at greater risk of stroke and therefore benefit from an intervention that goes beyond medical therapy. Maybe it's the case. case. The first clinical trial of this strategy was reported by Western Europe; since then, this hybrid approach to carotid stenting with reverse flow is rapidly becoming popular among North American vascular surgeons. However, the decision-making algorithm for asymptomatic patients lists a life expectancy > 5 years as a qualifying criterion; few would disagree with this. Elsevier user license |How to reuse Permitted For non-commercial purposes: Read, print and download Text & data mine Translate the article Not allowed Reuse parts or excerpts of the article in other works Redistribute or republish the final article Sell or reuse for commercial purposes Elsevier’s open access licensing policy Ac Go to this article on ScienceDirect Seeing Lights and Shadows: A Commentary on the European Society for Vascular Surgery Carotide Guidelines 2017Journal of Vascular SurgeryVol. Also, whether you consider the demonstration of intraplacque hemorrhage in a magnetic resonance study or spontaneous ultrasound embolization from an ecolucent plaque, it has been shown that these plaque characteristics increase linearly with the degree of stenosis. Full-Text PDF Open Archive Finally, although it is fashionable to suggest that the degree of stenosis is not related to the prediction of stroke in asymptomatic patients, there is both the North American Symptomatic Carotid Endarterectomy Trial (NASCET) and contemporary literature that show that the greatest risk occurs in patients with truly preocclusive lesions. Traditional distal transfemoral protection CAS is accompanied by a double periprocedural risk of stroke/death compared to CEA. The special communication article by Paraskevas et al., published in this issue of the Journal of Vascular Surgery, is a Useful for discerning differences in current ESVS guidelines that could be per esempio, con le linee guida ampiamente citate American Heart Association and Society for Vascular Surgery. linee guida.

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