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Endarterectomy vs. Stenting for Carotid Artery Stenosis

Periprocedural risk was lower with endarterectomy, but longer-term risk was similar with either procedure.

Carotid artery stenting is an alternative to carotid endarterectomy for patients with carotid artery stenosis. But which procedure is safer? In this meta-analysis of 11 randomized controlled trials that involved 4800 patients (≈300 asymptomatic), investigators compared carotid endarterectomy with carotid artery stenting.

Periprocedural (within 30 days) outcomes for the primary study endpoint (death or stroke) and secondary endpoints are shown in the Table. Intermediate-term (1–4 years postprocedure) risk for death or stroke did not differ between procedures.

Comment: The results of this meta-analysis suggest that, in the short term, carotid endarterectomy is associated with fewer periprocedural strokes than is carotid artery stenting, but this benefit comes at the cost of more myocardial infarctions and cranial nerve injuries. In the intermediate term, the two procedures yield similar outcomes. The authors recommend that "patients with symptoms requiring carotid revascularisation should currently be offered carotid endarterectomy as first choice, with carotid stenting reserved for patients at high surgical risk." The role of stenting in patients without symptoms (who were underrepresented in this meta-analysis) is unclear.

— ***Paul S. Mueller, MD, MPH, FACP***

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Meier P et al. Short term and intermediate term comparison of endarterectomy versus stenting for carotid artery stenosis: Systematic review and meta-analysis of randomised controlled clinical trials. *BMJ* 2010 Feb 12; 340:c467. (http://dx.doi.org/10.1136/bmj.c467)

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