

## **FINANCIAL LOAD AND MAJOR ADVERSE CARDIOVASCULAR EVENTS COMPARISON BETWEEN CAROTID ARTERY STENTING AND CAROTID ENDARTERECTOMY IN HIGH RISK PATIENTS OF STROKE.**

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### **BACKGROUND:**

Carotid artery stenosis is an important cause of brain infarctions and the risk of stroke is directly related to the severity of carotid artery stenosis and to the presence of symptoms. Carotid endarterectomy (CEA), surgical removal of the carotid atherosclerotic plaque, is intended to prevent stroke in patients with carotid artery stenosis . Carotid artery stenting (CAS) is an evolving and less invasive technique for carotid artery revascularization.

### **OBJECTIVE:**

To access the comparison of Major Adverse Cardiovascular Events(MACE) and financial load between CAS and CEA.

### **METHODS:**

86 consecutive patients of stroke with significant carotid stenosis were enrolled at two centres and suggested for CAS or CEA. 42 patients offered for CAS, and 44 patients underwent CEA. CAS was performed with the Smart Clinical outcomes such as perioperative mortality, major adverse cardiovascular events (MACE like: myocardial infarction, stroke, and death), length of stay, and total costs, indirect costs, and direct procedural costs .

### **RESULTS:**

The differences in total financial load were not significant but initial cost was little high in CAS group as compare to CEA. Differences in perioperative mortality (2.38% vs 4.54%; P <0.02) at 30 days. CAS was associated with a shorter length of stay compared with CEA (1.8 vs 3.5 days; P < 0.04. MACE (7.14 % vs 11.36 %; P < .03), strokes (2.38% vs 4.54%; P < .03), myocardial infarctions (2.38% vs 2.23%; P = .40), and death (2.38% vs 4.54%; P <0.02) at 30 days.

### **CONCLUSIONS:**

Recent studies demonstrated that CAS with embolic protection devices has become an alternative to CEA for high-surgical-risk patients with equivalent outcomes. According to initial financial load was high in CAS however MACE rate was lower than CAE.

## **CARDIOVASCULAR DISEASE AND ITS PREVENTION**

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