

Primary closure technique is not inferior to patch closure in carotid endarterectomy.

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Carotid endarterectomy (CEA) reduces the risk of cerebrovascular ischemic events and prevents ischemic strokes in symptomatic and selected asymptomatic patients of internal carotid artery (ICA) stenosis. The method of debate of arterial wall closure after CEA, as a treatment modality is disputed currently. Previous studies found that closure with patch angioplasty reduces the rates of perioperative stroke, restenosis, and long-term risk of ipsilateral ischemic stroke. However, several studies suggest that patch angioplasty may also be associated with perioperative risks, and recurrent restenosis compared with primary closure. Currently we analyze the perioperative and long-term outcomes between primary closure (PC) and patch angioplasty (PA) with respect to closure technique. We used propensity score matching (PSM) analysis to adjust for selection bias and to balance clinical characteristics and demographics between the two groups.

And we found there was no significant differences between PC and PA closure during CEA in perioperative and long-term outcome. The detail data will be presented during the congress.