

A STRATEGY FOR THE TREATMENT OF PATIENTS WITH CORONARY ARTERY DISEASE AND THE PRESENCE OF SIGNIFICANT CAROTID ARTERY STENOSIS: ANALYSIS OF THE "STAGED" AND "CONCOMITANT" APPROACHES

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Today, there is no unequivocal overview of how to treat patients undergoing myocardial revascularization and have associated significant carotid artery stenosis. In this group of patients, there are several ways to treat, and our study analyzed patients who were exposed to a "Staged" and "Concomitant" approach.

During 2016 in three cardiac surgery centers of Serbia, the perioperative results of the patients subjected to a "Staged" and "Concomitant" approach were analyzed. Group 1 including patients with cardiac revascularization and endarterectomy was made at least 30 days earlier, and group 2 consisted of patients who underwent endarterectomy with cardiac revascularization simultaneously. In both groups, CVI appearance was observed 7 days after the revascularization of the heart. We followed the risk factors for the occurrence of CVI.

The conducted study included a total of 49 patients, divided into two groups. In 28 patients (group 1) Everson Carotid endarterectomy was performed 30 days to 26 months prior to coronary revascularization. The average age of patients was 64 and 65 years, with the prevalence of male sex (86%: 14%). The only parameters that showed a significant difference between the groups were "left main syndrome" and unstable angina pectoris, both in Group 2. In the ensuing period, in both groups, there were no postoperative major neurological events (CVI). In one patient, clinical signs of neurological deficits occurred in the form of weakness of one side of the body, but CVI was not proven by CTom and MRA.

It can be concluded that the "Staged" and "Concomitant" approaches are safe and effective.

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