

**LONG TERM CLINICAL OUTCOMES AFTER ENDOVASCULAR RECANALIZATION IN PATIENTS WITH CHRONIC CAROTID ARTERY OCCLUSION**

Poster Contributions

Poster Hall, Hall C

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Session Title: Head to Toe: Outcomes of Endovascular Interventions

Abstract Category: 18. Interventional Cardiology: Carotid and Endovascular Intervention

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Background: Successful carotid artery stenting may correct ipsilateral hemisphere hypo-perfusion and improve neurocognitive function in patients with chronic internal carotid artery occlusion (ICAO). Its effect on long-term clinical outcomes, however, has never been studied.

Methods: From May 2004 to April 2015, endovascular recanalization for chronic ICAO was attempted in 118 consecutive patients (119 lesions; 98 men; 66.7±9.9 years old) with either recurrent neurologic events or objectively impaired ipsilateral hemisphere perfusion. Technical success in recanalization was achieved in 70 lesions (58.8 %, 70/119). 3-months cumulative any stroke or death rate was 5.0% (6/119; 4 in recanalized group, 2 in failure group), including 2 peri-procedural ischemic stroke, 2 intra-cranial hemorrhage, and 2 subarachnoid hemorrhage. 1 patient (in recanalized group) was lost from follow-up after procedure.

Results: In recanalized patients without peri-procedural complication, 1-year re-occlusion rate was 15.3 % (10/65). Up to 7 years after procedure, cumulative events of TIA, or any stroke, or death, were 17 in recanalized group, compared with 23 in failure group (hazard ratio (HR) 0.51, 95% CI 0.27-0.97; p=0.04). Cumulative events of TIA or ischemic stroke were 6 in recanalized group and 10 in failure group (HR 0.34, 95% CI 0.12-0.99; p=0.049). The difference became more significant after excluding patients with peri-procedure events (HR 0.41, 95% CI 0.20-0.84, p=0.015 for TIA or any stroke or death; HR 0.23, 95% CI 0.07-0.79; p=0.020 for TIA or ischemic stroke).

Conclusions: The technical success and peri-procedural complication rates of endovascular recanalization for chronic ICAO were acceptable. The cumulative event rates of any stroke or death up to 7 years were more favorable in patients after successful recanalization, compared to those in patients after failed procedure.