Reply to the Letter: “Acute Carotid Artery Stent Thrombosis”

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To the Editor,

I read, with great interest, the letter entitled “Acute carotid artery stent thrombosis.” The letter stated that carotid endarterectomy with stent removal is a safe, feasible, and effective procedure in the treatment of in-stent restenosis.

Post-procedural carotid stent thrombosis developing within hours to several days following the procedure is usually associated with systemic factors, such as inadequate antiplatelet therapy owing to the antiplatelet resistance or the discontinuation of treatment and a hypercoagulable condition. The leading and preventable cause of carotid stent thrombosis is inadequate or ineffective antiaggregant treatment. The European Society for Vascular Surgery guidelines also emphasizes the significance of appropriate antiplatelet therapy in carotid stent patency as an invasive treatment modality for carotid stenosis [1]. Thus, the antiplatelet resistance tests should routinely be performed, and inherent or acquired thrombotic disorders should be investigated before the procedure in order to prevent in-stent restenosis.

Thrombolysis alone and thromboaspiration or mechanical thrombectomy combined with drug or thrombolytic

therapy have been used with promising results. In several studies, successful complete or partial thrombus resolution has been reported with resultant clinical improvement [2]. In patients with absent or minimal symptoms, antiplatelet therapy, whether dual or monotherapy, in combination with low weight molecular heparin can be used as a conservative modality. Although favorable outcomes have been achieved through carotid endarterectomy, concerns due to time-consuming aspects of surgical preparation resulting in further brain ischemia need further consideration. Additionally, surgical removal of an intraluminal stent is cannot be so easy that the stent tines penetrate the lumen of the vessel walls and become endothelialized, making surgical dissection of the stent away from the intima unsafe. Special attention must be paid to the patient post-endarterectomy, as the patient would receive various types of anticoagulants and/or antiplatelets, and the risk of postoperative neck hematoma would be high. Besides, an aggressive control of arterial blood pressure is required to decrease the possibility of hyperperfusion syndrome as well as neck hematoma.

Compliance with Ethical Standards

Conflict of interest The author declares that he has no conflict of interest.

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