

Extracranial Carotid and Vertebral Artery Disease: Contemporary Management

Extracranial carotid and vertebral artery disease (ECVAD) is a common cause of stroke, particularly in the elderly. Stroke is a leading cause of disability and death worldwide, and ECVAD accounts for about 20% of all strokes. The management of ECVAD has evolved significantly over the past few decades, and this article will review the current state-of-the-art.

Risk Factors

The risk factors for ECVAD are similar to those for other cardiovascular diseases, including:



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★★★★☆ 4 out of 5

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- Age
- Smoking

- High blood pressure
- Diabetes
- High cholesterol
- Obesity
- Family history of stroke

Symptoms

The symptoms of ECVAD can vary depending on the location and severity of the blockage. Some people may experience no symptoms at all, while others may have transient ischemic attacks (TIAs), which are brief episodes of neurologic dysfunction that last for less than 24 hours. TIAs are a warning sign that a stroke may be imminent, and they should be evaluated by a doctor immediately.

The most common symptoms of a stroke are:

- Sudden weakness or numbness on one side of the body
- Difficulty speaking or understanding speech
- Loss of vision in one or both eyes
- Difficulty walking or balancing
- Severe headache

Diagnosis

The diagnosis of ECVAD is based on a combination of the patient's symptoms, physical examination, and imaging studies. The most common

imaging studies used to diagnose ECVAD are:

- Carotid ultrasound
- Vertebral artery ultrasound
- Magnetic resonance angiography (MRA)
- Computed tomography angiography (CTA)

Treatment

The treatment of ECVAD depends on the location and severity of the blockage. The goal of treatment is to prevent stroke by either reducing the risk of clots forming in the arteries or by surgically removing the blockage.

Medical therapy for ECVAD includes:

- Antiplatelet therapy
- Anticoagulant therapy
- Statin therapy
- Blood pressure control
- Smoking cessation

Surgical therapy for ECVAD includes:

- Carotid endarterectomy (CEA)
- Carotid artery stenting (CAS)
- Vertebral artery endarterectomy (VAE)

- Vertebral artery stenting (VAS)

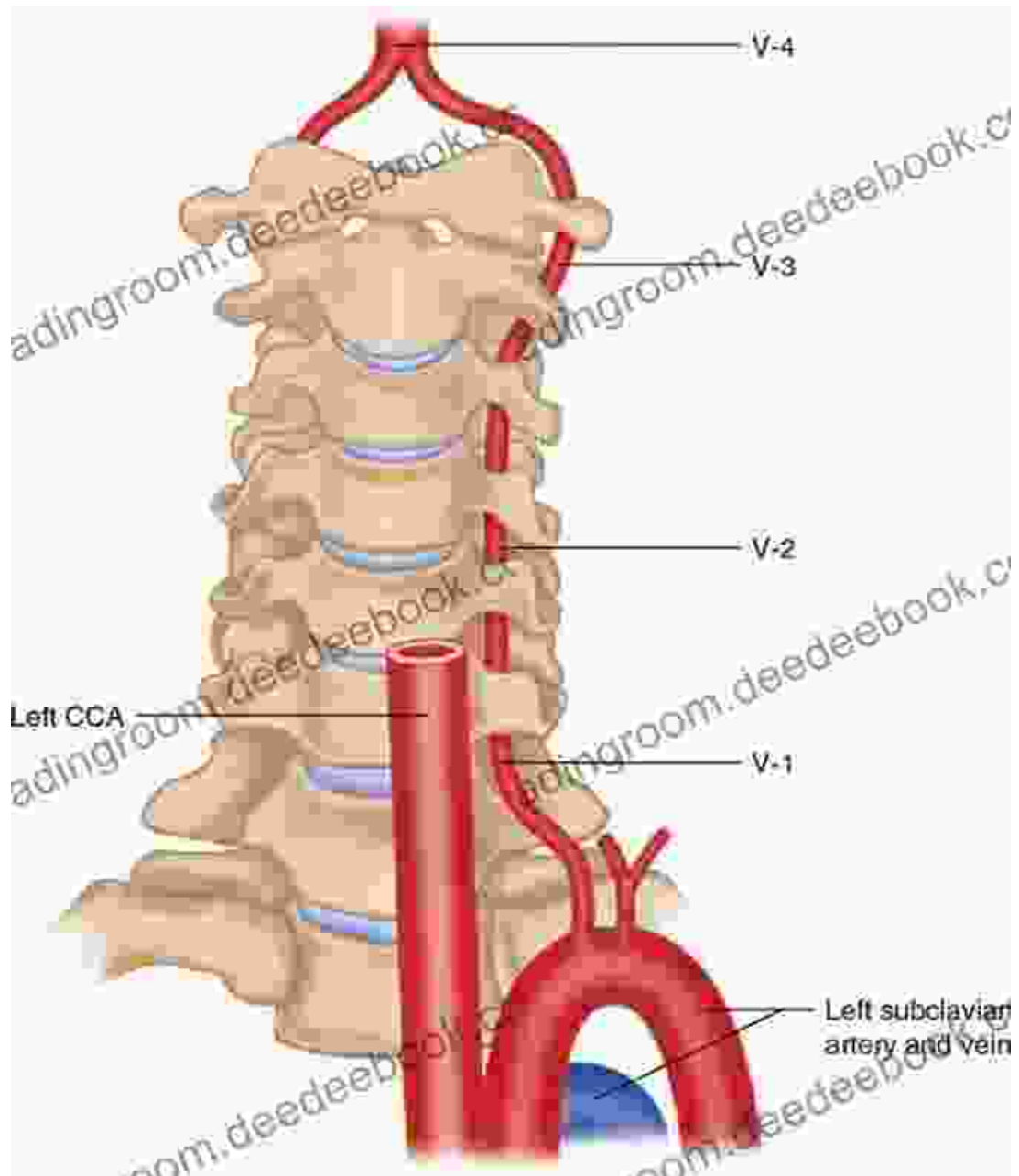
The management of ECVAD has evolved significantly over the past few decades, and there are now a variety of effective treatment options available. The goal of treatment is to prevent stroke by either reducing the risk of clots forming in the arteries or by surgically removing the blockage. The choice of treatment depends on the location and severity of the blockage, as well as the patient's overall health.

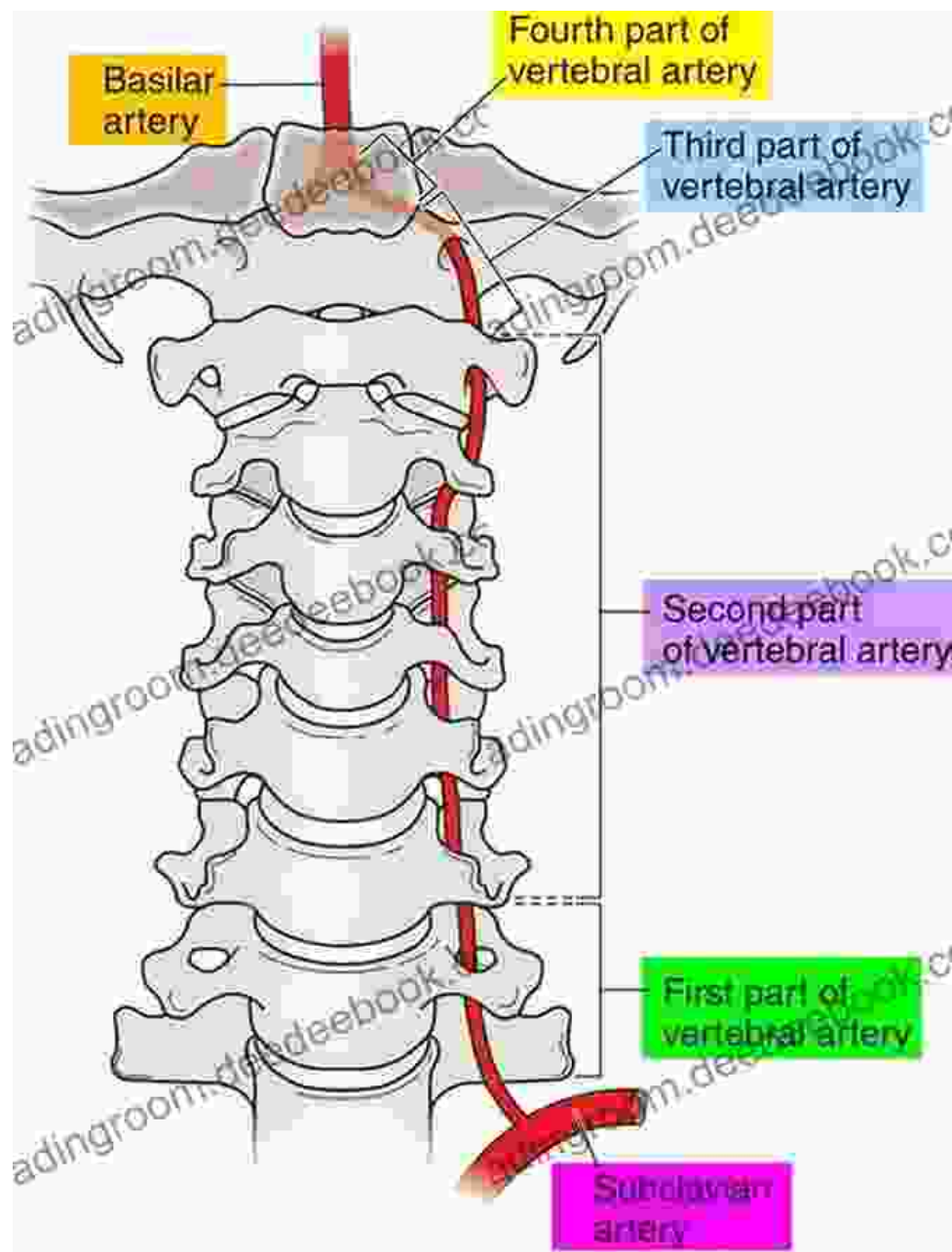
If you have any of the risk factors for ECVAD, it is important to talk to your doctor about your risk of stroke and how to reduce it.

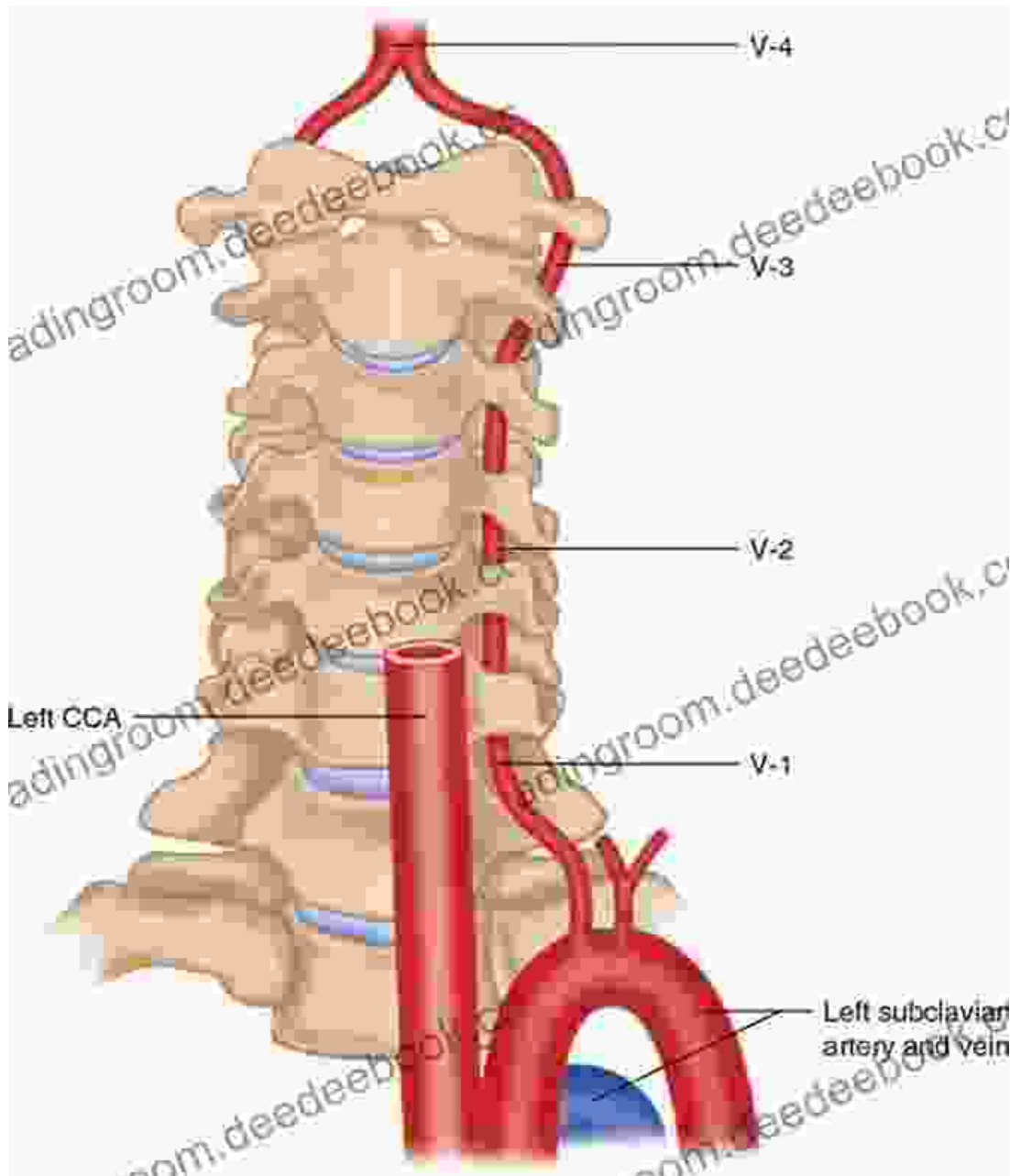
Additional Information

- American Stroke Association
- American Heart Association
- Mayo Clinic

Images







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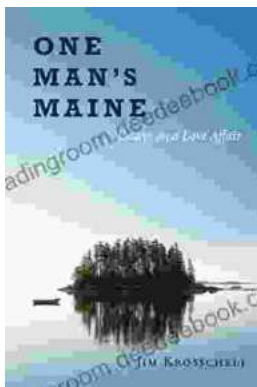
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