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VS7.

**Video Presentation****Complex Carotid Reconstruction: Left Subclavian to Carotid Bypass with Branched Grafts to the Left Vertebral and Carotid Arteries**

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**Background:** Background: Complex cerebrovascular lesions require careful operative planning. We present a case of a 59 year-old male with a history of recent transient ischemic attack and right subclavian steal symptoms. Carotid duplex and CT angiography showed an aberrant left vertebral artery with critical origin stenosis, left common carotid artery (CCA) critical origin stenosis, and an occluded innominate artery extending to the right CCA bulb. This presented multiple therapeutic options including antegrade or retrograde endovascular stenting of the left CCA, with or without femoral to axillary bypass on the right to protect cerebral perfusion. We chose an alternate strategy made available by the normal left subclavian: a left subclavian to right carotid bypass, with branched grafts to the left CCA and left vertebral. No complications occurred. Follow up angiography demonstrated full-patency of the grafts and the patient has been without symptoms for greater than one year.

**Technical Description:** Technical Description: We begin with an outline of the anatomy and the options. We then present the operation, first with a left transverse supraclavicular incision through which the phrenic nerve is preserved and the left CCA, subclavian, and vertebral arteries are circumferentially controlled. Next, through a separate incision we expose and control the right carotid vessels. We then create a retroesophageal tunnel through which we pass a ringed 6 mm graft between the two incisions. Two short 6 mm branches are then sewn into place on the left side of the graft. These are occluded with hemoclips and we proceed with the left subclavian and right carotid anastomoses. Once antegrade right carotid flow is instituted, we then perform anastomoses of the graft branches to the left CCA and vertebral arteries, without interrupting flow to the right carotid. The hemoclips are then removed to restore flow through the left CCA and vertebral arteries. Pulsatile flow is confirmed and the wounds are closed.

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SS27.

**The Risk of Carotid Artery Stenting Compared with Carotid Endarterectomy Is Greatest in Patients Treated within Seven Days of Symptoms**

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**Objectives:** Among patients with symptomatic carotid stenosis, carotid artery stenting (CAS) is associated with a higher risk of peri-procedural stroke or death than carotid endarterectomy (CEA). Uncertainty remains whether the balance of risks changes with time since the most recent ischemic event.

**Methods:** We investigated the association of time since the qualifying event (0-7 days, 8-14 days, and > 14 days after the qualifying event) with the risk of stroke or death within 30 days after CAS or CEA in a pooled analysis of data from individual patients randomised in the Endarterectomy vs Angioplasty in patients with Symptomatic Severe Carotid Stenosis trial (EVA-3S), the Stent-Protected Angioplasty versus Carotid Endarterectomy trial (SPACE), and the International Carotid Stenting Study (ICSS).

**Results:** Timing information was available for 2839 patients. In the first 30 days after intervention, any stroke or death occurred significantly more often in the CAS group (110 [7.7%] of 1434) compared to the CEA group (54 [3.8%] of 1405, crude risk ratio 2.0 [95% CI 1.5-2.7]. The timing of the intervention modified the treatment benefit: early treated CEA patients.

**Conclusions:** The increase in risk of CAS compared with CEA appears greatest in patients treated within 7 days of symptoms. This effect is also apparent independent of age.

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SS28.

**The Size of Juxtaluminal Black Area in Ultrasonic Images of Asymptomatic Carotid Plaques Predicts the Occurrence of Stroke**

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**Objectives:** It has been suggested that a juxtaluminal black (hypochoic) area (JBA) in ultrasonic images of asymptomatic carotid artery plaques is associated with a lipid core close to the lumen or a thrombus on the plaque surface. The aim of our study was to test the hypothesis that