

# **Carotid artery angioplasty and stenting following the CREST trial**

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## **Abstract**

Current guidelines, prior to the publication of the Carotid Revascularization Endarterectomy vs. Stenting Trial (CREST) results, reserve carotid artery stenting (CAS) for stenosis in patients who are symptomatic with severe stenosis and considered high risk for carotid endarterectomy (CEA). CREST was a prospective, multicenter, randomized, controlled trial that compared surgical endarterectomy to endovascular stenting with primary endpoints of periprocedural stroke, myocardial infarction (MI), or death, or postprocedural ipsilateral stroke up to 4 years in standard risk patients. CREST results indicate that stenting may be equal to CEA. Overall, the trial demonstrated fewer minor strokes in the CEA group with a lower risk of MI associated with CAS. The study suggested no differences between rates of major strokes or death between CEA or CAS. While the incidence of incision site hematomas and cranial nerve palsies were greater after CEA. The study suggests that younger patients may actually have improved outcomes with stenting, whereas CEA may be superior for older patients. These findings alone have the potential to change current practice and allow physicians to consider CAS as an option for younger, regular-risk patients with carotid artery stenosis.