

# PARAMETERS AFFECTING THE RISK OF EMBOLIZATION DURING CAROTID STENTING

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## Disclosures

Speaker name: Huppert, Peter

I have the following potential conflicts of interest to report:

- Consulting:
- Boston Scientific
  - Abbott Vascular
  - Johnson&Johnson/Cordis
  - Merit Medical



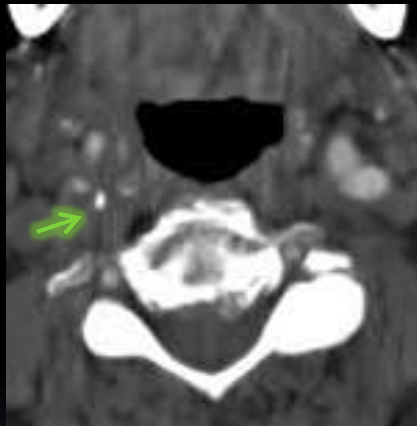
# Parameters potentially affecting embolism during CAS

- Symptomatic stenoses
- High-grade stenoses
- Long stenoses
- Calcium load of stenoses
- Stent design

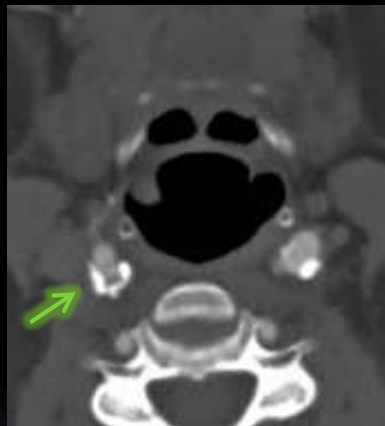
# Prospective single center registry of 650 filter protected CAS procedures

- 650 consecutive CAS patients during 2008-2018
- 100% filter protection
- 305 procedures excluded in this analysis
  - 257 no CTA available
  - 48 recurrent stenosis
- 345 CAS procedures included
- Grading of stenoses: 70-79 / 80-90 / >90%
- Length of stenoses: <5 / 5-10 / >10 mm
- Calcium load: <90 / 90-180 / 180-270 / >270 °

# Grading of calcium load in CTA



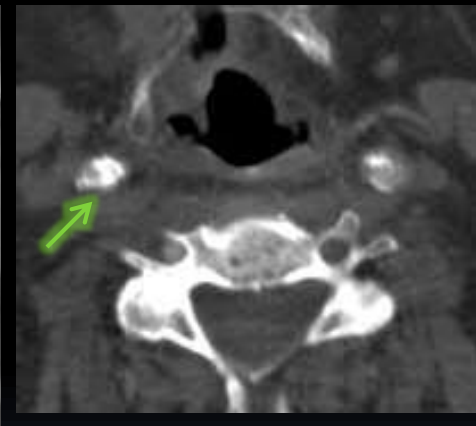
<90 dg.



90-180 dg.



180-270 dg.



>270 dg.

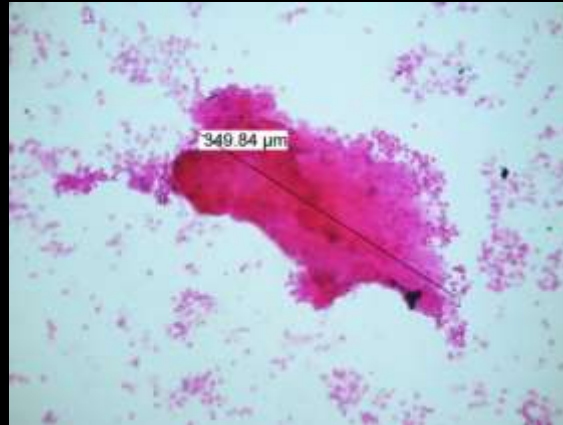




# Stent-Design

- Open cell:  
Precise Rx™ (J&J): n= 176)
- Closed cell:  
Carotid Wallstent™ (BSC): n= 124
- Micromesh:  
Caspar™ (MV/Terumo) , CGuard™ (InspireMD): n= 45

# Analysis of embolic plaque material



Size of particles	Number of particles	Embolic plaque volume
>0 - </= 50 μm	17	17 x 50 μm = 850 μm
>50 - </= 100 μm	6	6 x 100 μm = 600 μm
>100 - </= 150 μm	4	4 x 150 μm = 600 μm
>150 - </= 200 μm	8	8 x 200 μm = 1.600 μm
..... - </= .....		
- 1.950 - </= 2.000 μm	1	1 x 2.000 μm = 2.000 μm
<b>EPVI * = 850μm + 600μm + 600μm + 1.600μm + 2.000μm = 5.650μm</b>		
<b>* Embolic Plaque Volume Index</b>		

# Risk of stenosis morphology

Grade of stenosis	
	EPVI ( $\mu\text{m}$ ) MW (range)
<80%*	1.721 (250-9.750)
80-90%*	4.494 (0-14.650)
>90%*	8.125 (300-15.950)
*p	<0.05

Length of stenosis	
	EPVI ( $\mu\text{m}$ ) MW (range)
<5 mm*	2.090 (0-9750)
5-10 mm	3.662 (0-14.650)
>10 mm*	5.800 (100-15.950)
*p	<0.05

Calcium load	
	EPVI ( $\mu\text{m}$ ) MW (range)
<90 dg.	4.825 (0-14.650)
>90 / <180 dg.	3.450 (0-12.050)
>180 / <270 dg.	680 (0-14.600)
>270 dg.	1.650 (100-13.350)
p	>0.05



# Risk of clinical activity & stent design

Clinical activity		
	n	EPVI ( $\mu\text{m}$ ) MW (range)
symptomatic	121	6.270 (100-15.950)
asymptomatic	224	2.877 (0-13.050)
p		<0.05

Stent type	N	EPVI ( $\mu\text{m}$ ) MW (range)	p
Open cell	150	9.450 (100-25.600)	
Closed cell	150	4.533 (0-15.950)	<0.05
Micromesh	45	250 (0-450)	<0.01

# Side effects of micromesh stenting

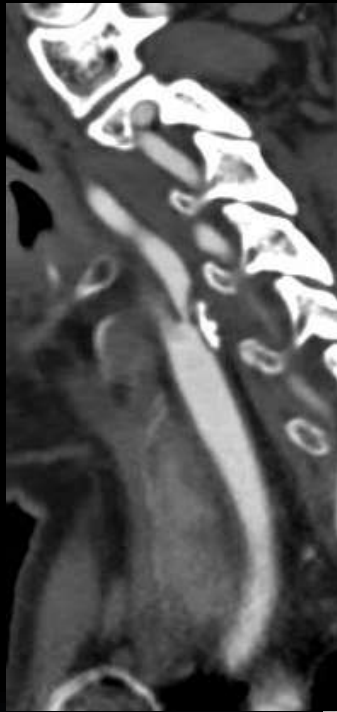


Covering of ulcerated plaques



external carotid stenosis

# Low volume embolism: EPVI 0-500 $\mu\text{m}$

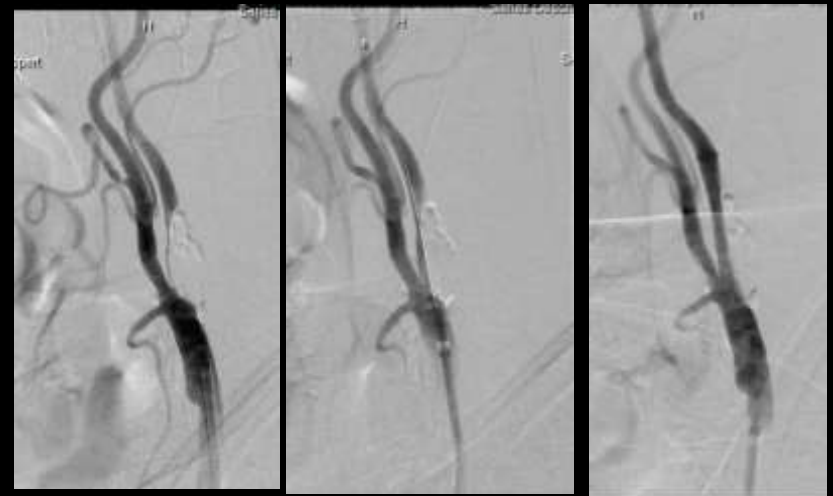
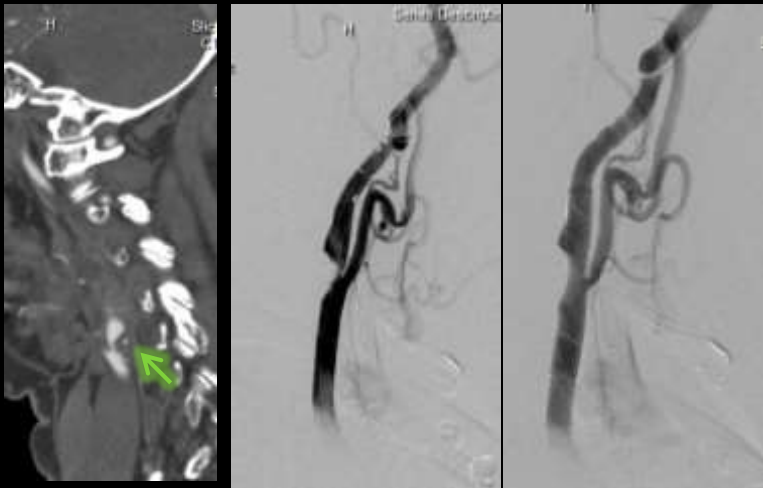


asymptomatic  
EPVI: 100  $\mu\text{m}$   
Stent: closed cell

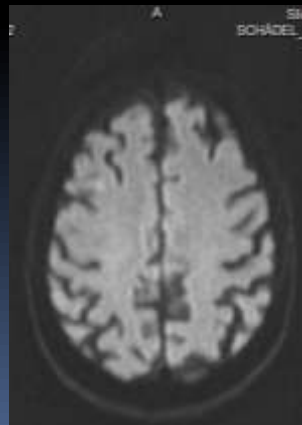


asymptomatic  
EPVI: 0  $\mu\text{m}$   
Stent: micromesh

# High volume embolism: EPVI 5.000-16.000 $\mu\text{m}$



symptomatic  
80-90%  
5-10mm  
<90 dg. calcified  
Stent: closed cell  
EPVI: 14.650  $\mu\text{m}$



symptomatic  
right ICA closed  
>90%  
>10mm  
high grade calcified  
EPVI: 15.950  $\mu\text{m}$   
Stent: closed cell





# Conclusions

- Embolic plaque volume during CAS has typical risk factors and can be estimated but not predicted.
- High embolic plaque volume is associated with symptomatic, long, soft plaque stenoses.
- Combinations of these factors cause high risk procedures.
- Using micromesh stents plaque embolism is reduced compared to open and closed cell stents.

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