ABSTRACTS IN CARDIOLOGY

Atherosclerosis of the aortic arch and the risk of ischaemic stroke

Atherosclerotic disease of the thoracic aorta is a potential source of cerebral embolism. Amarenco et al found a strong independent association between atherosclerotic disease of the aortic arch and the risk of ischaemic stroke. Few reports have focused on the ascending thoracic aorta as a potential source of embolic strokes and such evidence is needed before the thoracic aorta is included in the routine transoesophageal (TOE) assessment of heart patients with embolic stroke. TOE could in some cases alert surgeons to be vigilant during aortic clamping to avoid perioperative thromboembolism. This advantage may be more relevant to coronary angiography, however, as it might be better to use the right brachial artery cut-down technique (Sones) rather than the femoral artery route (Judkin) to reduce the risk of the catheter dislodging plaque in patients shown by TOE to be at high risk before catheterisation.

The retrospective detection of thick plaques by TOE unfortunately does not contribute to patient care and if it has no influence on management it is questionable whether the mild discomfort and cost of TOE in all patients with embolic stroke can be justified. It is more reasonable to regard atherosclerotic plaques detected by TOE or by any other means simply as evidence of diffuse atheromatosis and, as with coronary or peripheral vascular disease, to treat patients with antiplatelet agents, especially if they are over the age of 60.

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