Eur J Vasc Endovasc Surg **31**, 108–109 (2006)
doi:10.1016/j.ejvs.2005.08.023, available online at http://www.sciencedirect.com on SCIENCE DIRECT®

CORRESPONDENCE

Letter to Editor Re EJVES2585

We read with interest the paper from Malek *et al.*[1] concerning factors affecting early restenosis after carotid endarterectomy (CEA).

We were surprised not to find in the paper any consideration about the use of patch closure, which nowadays seems to be clearly and strictly related to avoidance of development of restenosis;[2] in our opinion, in univariate and multivariate analysis for risk of restenosis, patch closure cannot be neglected. Moreover, one must consider that the application of patch closure is associated with a longer carotid clamping time[3] and this fact could somewhat be conflicting with the results of this study.

We do not agree with the statement 'Shorter carotid clamping time can be a marker of a surgical technique or skill'; in our experience[3] with a modified surgical technique we reported a significant reduction of intraoperative neurological events in patients who had a longer cross clamping time, demonstrating that the attempt to obtain technical perfection and not the crossclamp time is probably the crucial factor in carotid surgery. We believe that this concept is of value also in analyzing long-term results of CEA.

W. Dorigo*, R. Pulli, C. Pratesi
Department of Vascular Surgery, University of Florence, Florence, Italy
E-mail address. vasc@unifi.it

References

1 Malek LA, Malek AK, Leszczynski J, Toutounchi S, Elwertoski M, Spiewak M *et al*. Carotid clamping time as a risk factor for early restenosis after carotid endarterectomy. *Eur J Vasc Endovasc Surg* 2005;**30**:143–146.
2 Bond R, Rerkasem K, AbuRahma AF, Naylor AR, Rothwell PM. Patch angioplasty *versus* primary closure for carotid endarterectomy. *Cochrane Database Syst Rev* 2004; CD000160.
3 Pratesi C, Dorigo W, Alessi Innocenti A, Azas L, Barbanti E, Lombardi R *et al*. Reducing the risk of intraoperative neurological complications during carotid endarterectomy with early distal control of the internal carotid artery. *Eur J Vasc Endovasc Surg* 2004; **28**:670–673.

*Corresponding author. W. Dorigo, Department of Vascular Surgery, University of Florence, Viale Morgagni 85, 50134 Florence, Italy.

Accepted 18 August 2005
Available online 03 October 2005

Reply to Dr Dorigo *et al.* (Letter EJVES3000 Re EJVES2585)

We thank Dr Dorigo *et al.* for their interest regarding our article. Our study included a very homogenous group of patients undergoing primary carotid endarterectomy (CEA) with primary closure of the incision site.[1] Since 1990, we have performed over 1500 CEA's in our department limiting the use of patch mostly to redo procedures and very few primary CEA's on women when we were not able to close the incision site with primary suture. Our cumulative perioperative mortality rate is 0.9% and the rate of serious perioperative complications is 1.9%. In order to receive conclusive and coherent results we resigned from analyzing CEA's with patch angioplasty and primary closure together. Long carotid clamping time (CCT) as an independent risk factor for early restenosis in our study is not in conflict with the fact that patch angioplasty is related to avoidance of restenosis.[2] As far as we know both of these parameters were not studied together till now. It would be interesting to perform a study limited to patch closure group to check if CCT remains an independent risk factor for early restenosis.

'Shorter carotid clamping time as a marker of a surgical technique or skill' is a hypothesis which may be confirmed true when analyzed within the homogenous groups of procedures. What is more we have not found in your article any information on the rates of early restenosis in your group of patients and an extrapolation of your findings on the long-term results would have to be confirmed.[3]

1078–5884/000108 + 02 $35.00/0