

CORRESPONDENCE

Re: Efficacy of Silver in Preventing Bacterial Infection of Vascular Dacron Graft Material

I would like to comment on just one of the many areas of concern in the recent article by Hernandez-Richter *et al.*¹ regarding the effectiveness of rifampin, triclosan and silver in the prevention of bacterial infection of vascular Dacron grafts.

The InterGard[®] Silver prosthesis (InterVascular, La Ciotat, France) was autoclaved prior to use. Rest-erilisation by any method is contraindicated in the instructions for use of this commercially available product, as it is for other vascular grafts. The effects of steam on the silver deposition and on the collagen of the graft are unknown.

The study design is, therefore, fundamentally flawed and consequently both the results and the conclusions are invalid.

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References

- 1 HERNANDEZ-RICHTER T, SCHARDEY HM, WITTMANN F, MAYR S, SCHMITT-SODY M, BLASENBREU S, HEISS MM, GABKA C, ANGELE MK. Rifampin and Triclosan but not silver is effective in preventing bacterial infection of vascular dacron graft material. *Eur J Vasc Endovasc Surg* 2003; **26**:550–557. doi 10.1016/S1078-5884(03)00344-7.

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Re: The Retrojugular Route: The Ideal Exposure for Carotid Endarterectomy Performed Under Locoregional Anaesthesia.

E. Neri, M. Giubolini, F. Setacci, I. Baldi and C. Setacci. *European Journal Vascular and Endovascular Surgery* 26, 250–255 (2003)

We read your recent article with much interest, performing most carotid endarterectomies in our institution under local anaesthetic. We have tried the procedure once with good results since reading of your experience using the retrojugular approach. We have some queries regarding the related anatomy we were hoping you could address. These concern nerves in the immediate vicinity you did not specifically discuss in your article, and the relationship of the internal jugular vein (IJV) and the internal carotid artery (ICA) higher in the neck, and how these might impact on exposure when using the retrojugular approach.

The inferior root of the ansa cervicalis (C2,3) spirals around the lateral side of the IJV to join the superior root (C1, descendens hypoglossi) which runs down anterior to the IJV. Occasionally the inferior root can pass between the IJV and the ICA. The ansa cervicalis proper lies in front of the IJV, embedded in the anterior wall of the carotid sheath.^{1,2} In the retrojugular approach, it would seem that the origins of the inferior root may be stretched over the carotid artery exposure and at risk of inadvertent injury during this approach.

The accessory nerve (XI), after forming from its cranial and spinal components and exiting through the middle compartment of the jugular fossa, runs backward and downward, across the antero-lateral aspect of IJV as it lies on the transverse process of the atlas, to enter the substance of sternocleidomastoid (SCM). It passes under the posterior auricular artery, occipital artery and posterior belly of digastric muscle prior to entering the substance of SCM with the superior sternocleidomastoid branch of the occipital artery. It may be encountered running postero-inferiorly in the vicinity of the angle between the SCM and digastric muscles. The accessory nerve passes anterior to the IJV in 70% cases, and posterior to the IJV in 30% cases.³ In both cases, but certainly the former, the anterior retraction of the IJV means that the accessory nerve is at risk of being stretched over the exposure of the