

Re: Overview of the Principal Results and Secondary Analyses from the European and North American Randomised Trials of Endarterectomy for Symptomatic Carotid Stenosis

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It was with interest that I read the above paper. The previous study by Rothwell et al. makes clear the subgroups of patients with symptomatic carotid stenosis and who would benefit most and least from carotid endarterectomy.

The conclusion by Naylor, Rothwell and Bell that units should quote their own results for stroke/death at 30 days is extremely important. It is unjustified to apply published results to other units unassociated with said publications. Over the last two decades, most specialist units have found a stroke/death risk in symptomatic patients of approximately 2%, validated by neurologists. This comprises 0% ipsilateral stroke, but with MI death, contralateral stroke and cerebral haemorrhage from reperfusion, contributing to the overall 2%.

References


Results of the Principal Results and Secondary Analysis from the European and North American Randomised Trials of Endarterectomy for Symptomatic Cervical Stenosis

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30 days is extremely important. It is unjustified to apply published results to other units unassociated with said publications. Over the last two decades, most specialist units have found a stroke/death risk in symptomatic patients of approximately 2% validated by neurologists. This comprises 0% ipsilateral stroke, but with MI death, contralateral stroke and cerebral haemorrhage from reperfusion, contributing to the overall 2%.

In the UK, with league tables now in fashion, it would be useful for patients and doctors alike, if carotid endarterectomies were publicly audited and published as they were last year for aortic aneurysm repair.

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Re: The Role of Hyperbaric Oxygen Therapy in Ischaemic Diabetic Lower Extremity Ulcers: A Double-blind Randomised-controlled Trial

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The paper by Abidia et al.1 is interesting and contributes to the evidence supporting the use of hyperbaric oxygen (HBO) in the management of diabetic foot ulcers.

Overall, the study was well constructed, and sought to control a number of variables that have been overlooked in the past; for example, the exclusion of patients requiring vascular surgical reconstruction and also the inclusion of an adequate period of careful, expert wound dressing prior to HBO treatment. We recognise in our practice that simply having patients attend our unit for regular dressings can aid the healing of these problem wounds.

It is refreshing to have a study with such a comprehensive follow-up period, but we would like to draw attention to the lack of significance in the number of healed wounds at earlier time points. Interestingly, the difference only becomes significant when there is a recurrence of a previously healed ulcer in the control group.

In addition, we feel that the use of the median as a measure of central tendency is misleading and inappropriate in this case. From the data given, the mean reduction in ulcer size in the treatment group cannot be more than 91.5% at the 6 week time point and not more than 61.5% after 6 months, compared with the reported median of 100%. It is stated in the paper that the data was analysed on an intention to treat basis. Those patients who did not complete the study do not appear to have been included in the results. For such a small data set it would not have been unreasonable to include the raw data.

We would also question the adequacy of hyperbaric air as a control treatment and disagree with the suggestion that 50% oxygen is insufficient to produce a clinical effect.

As discussed by the authors, a larger study would further contribute to the body of evidence supporting this treatment. We suggest using either normobaric air or, under hyperbaric conditions, an oxygen partial pressure equivalent to normobaric air as the control group. This would enhance the difference between groups and markedly increase the power of the study. In addition, the outcome would be more directly relevant to the traditional management of the diabetic foot.

We appreciate that the logistical problems associated with this type of study are great, but we feel that the use of a true control/sham group is within reach and would add much more strength to research in the hyperbaric field.

References


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