

CORRESPONDENCE

Severity of Asymptomatic Carotid Stenosis and Risk of Ipsilateral Hemispheric Ischaemic Events: Results from the ACSRS Study. Nicolaides *et al.*: EJVES 2005; 30: 275–284

Thank you for giving us the opportunity to reply to Professor Naylor's letter.

We have done a subgroup analysis on gender and severity of stenosis with ipsilateral hemispheric events and stroke as end-points. Because the ACSRS is an ongoing study the numbers have increased slightly in the updated database (November 2005).

To date there are 436 female and 681 male patients with greater than 50% asymptomatic internal carotid artery stenosis in relation to the bulb. The number of ipsilateral hemispheric ischaemic neurological events (AF, TIAs and stroke) is 54 (12.4%) in women and 74 (10.7%) in men (chi sq $p=0.33$). The number of ipsilateral hemispheric ischaemic strokes is 22 (5.0%) in women and 35 (5.1%) in men ($p=0.93$). Actuarial analysis for stroke in patients with (a) mild or moderate stenosis (50–89%) and (b) severe stenosis (90–99%) in relation to the bulb show the same event rates in men and women at 7 years (log-rank $p=0.71$) although at 2 years of follow-up there was a difference that was approaching significance (log-rank $p=0.07$).

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The Retrojugular Approach to Carotid Endarterectomy—A Safer Technique

I enjoyed the clear and concise description of the Retrojugular Approach to Carotid Endarterectomy presented by the authors.¹

Following the description by Neri *et al.* in 2003,² I adopted the technique in my practice. However, after 20 consecutive cases I have had to revert back to the traditional anterior approach. This decision was informed by the unusually high incidence of hoarseness of voice encountered in the retrojugular technique. There were 3 in total—2 resolved within 4 weeks while one patient was still hoarse after 3 months and required ENT intervention. In comparison there was no case of hoarseness in the previous 20 patients who had the operations by the ante-jugular technique. I note that the present report documented 4 cases of transient hoarseness out of 50 patients.

I suspect that the hoarseness is probably related to the very close proximity of the vagus nerve which is more likely to be disturbed in the retrojugular approach, compared to the ante-jugular approach. Perhaps we have traded potential injury to the hypoglossal nerve for the increased risk of neuropraxia of the vagus nerve and, therefore, a slightly higher risk of hoarseness.

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