Conclusions: The article placed a decided positive spin on the STABLE technique. A different slant on the data is presented in an invited commentary by Dr. Leonard Girardi of Cornell Medical College. Dr. Girardi contends, “the data provided by Hoff erberth et al. showed that the STABLE technique is improved accuracy of velocity ratios over other parameters for identifying proximal vertebral artery stenosis. The authors point out that PSV and EDV ratios may be more sensitive and specific than other parameters to identify proximal vertebral artery stenosis. This parameter for identifying proximal vertebral artery stenosis. The parameter with the highest accuracy for the detection of ≥50% vertebral artery stenosis was the PSV ratio (area under the receiver operating characteristic curve, 0.967; 95% confidence interval, 0.899-0.994). A PSV ratio of >2.2 was the optimal criteria for identifying ≥50% proximal vertebral artery stenosis with a sensitivity of 96% and specificity of 89%. Optimal thresholds for other Doppler parameters to identify ≥50% proximal vertebral artery stenosis were PVS >108 cm/s, EDV >36 cm/s, and EDV ratio >1.7. Comment: It makes sense that PSV and EDV ratios may be more accurate in the evaluation of vertebral artery stenoses. This is also not what the authors point out that the vertebral artery asymmetry is common, with relatively high flow in a dominant vertebral artery. Also, vertebral arteries ending in a posteroinferior cerebellar artery may have low flow, and tandem lesions in vertebrobasilar arteries can also result in low flow. These particular conditions, which do not exist for the carotid circulation, are common in vertebral arteries. The result is improved accuracy of velocity ratios over other parameters for identifying vertebral artery atherosclerosis. Adapted from Moneta G et al. 2012 Year Book of Vascular Surgery. Philadelphia, PA: Elsevier; 2012, with permission.

Emergent Endovascular Recanalization for Cervical Internal Carotid Artery Occlusion in Patients With Presenting With Acute Stroke


Conclusion: Endovascular carotid recanalization should be encouraged for acute cervical internal carotid artery occlusion in younger patients with partial distal preservation of the internal carotid artery (ICA).
Importance of Specimen Length During Temporal Artery Biopsy


**Summary:** Giant cell arteritis (GCA) affects medium-sized and large arteries, most commonly the extracranial arteries of the head and neck. GCA has an incidence of 15 to 25 per 100,000 per year in patients aged >50 years and is more common in women. The diagnosis of GCA is often difficult when the diagnosis is suspected. Duplex ultrasound imaging is an accurate, noninvasive, first-line investigation for the diagnosis. However, treatment of GCA is empirical and is usually based on a trial-and-error approach. A positive temporal artery biopsy (TAB) result has been a recommended investigation for GCA (Dasgupta B et al, Rheumatology 2010;49:1594-7). The purpose of this retrospective study was to explore potential associations between TAB specimen length and diagnostic sensitivity. The authors examined histopathologic reports and medical records of patients with TAB in six hospitals during 2004 and 2009. There were 966 biopsy specimens analyzed. Median postfixation specimen length was 1 cm (range, 0.1–8.5 cm). There were 207 (21.4%) that were positive for GCA. Among hospitals, there were variations in prebiopsy TAB specimen length and diagnostic sensitivity. The study provides a guideline for minimal length of a TAB specimen in patients with positive TAB results.

**Conclusion:** Length of the TAB specimen correlates in this study positively with diagnostic sensitivity. The study provides a guideline for minimal length of a TAB specimen in patients with positive TAB results. The authors recommend obtaining an adequate length of temporal artery for analysis, but the minimum length is debatable. The study provides a guideline for minimal length of a TAB specimen in patients with positive TAB results.


Health-Related Quality of Life After Carotid Stenting Versus Carotid Endarterectomy: Results from CREST (Carotid Revascularization Endarterectomy Versus Stenting Trial)


**Summary:** Carotid artery stenting (CAS) and carotid endarterectomy (CEA) are associated with similar overall health-related quality of life (HRQOL) at 1 year. Stroke has a greater and more consistent impact on HRQOL than myocardial infarction (MI).

**Conclusion:** The Carotid Revascularization Endarterectomy Versus Stenting Trial (CREST) trial compared CAS and CEA in patients at low risk of surgical complications for carotid intervention. There were no differences in the primary composite end point of stroke, MI, or death ≤4 years of follow-up. However, individual end points varied between treatment groups, with patients assigned to CAS having higher rates of stroke and restenosis. The approach advocated here must be tempered with knowledge of hemorrhage risk and pretreatment infarct size. The outcome was favorable in 50% of patients. However, all patients with initial complete carotid artery occlusion, including the intracranial segments, died or were severely disabled, suggesting that attempts at endovascular recanalization of the cervical ICA should be limited to patients with partial recanalization of the ICA above the level of the cervical ICA occlusion.


Long-term Follow-up of Acute Type B Aortic Dissection: Ulcer-like Projections in Thrombosed False Lumen Play a Role in Late Aortic Events


**Conclusion:** In patients with acute type B aortic dissection, thrombosed false lumens associated with ulcer-like projections (ULPs) and patent false lumens have adverse influences on the rate of late aortic dilation and late aortic events.

**Summary:** It is known that a patient with type B aortic dissection and a patent false lumen at presentation has a poorer outcome than a patient with a thrombosed false lumen, so-called intramural hematoma. At least 2 types of intramural hematoma are generally distinguished: those with ulcer-like projections (ULPs) and those without. There is controversy over management of thrombosed false lumens in the literature. The authors compared clinical features and prognosis of type B acute aortic dissection according to false lumen status: patent, thrombosed, or ULPs. They identified predictors of late aortic events on the basis of the false lumen at presentation. The study enrolled 160 patients. The mean follow-up interval was 44.6 ± 25.4 months. False lumen status was used to divide the patients into two groups: group T, thrombosed; group U, false lumen with ULPs. The mean aortic enlargement rate of groups U (0.40 ± 0.91 mm/mon) and T (0.23 mm/mon) was greater than that of group P (0.16 ± 0.23 mm/mon). More late events occurred in groups U and T than