in 14 pts. Importantly, there was significant difference in MS clinical severity of group A versus group B (EDSS 1.8±1.3 vs 3.0±2.2, p<0.05). Similarly, there was significant difference in MS duration in group A versus group C (4±3.3 years versus 9±5 years, p<0.005).

Conclusions: The clinical severity of multiple sclerosis as well as duration of disease seems to be associated with the extent of pathological venous drainage of the central nervous system. To answer the question if CCSVI is only the accompanying secondary process, or the underlying condition of MS, the blinded randomized studies are needed.

TCT-197
Carotid Artery Stenting with or without Predilatation, protected or unprotected: Acute Results and Complications
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Background: Various techniques are used for the treatment of internal carotid artery stenosis, consisting of predilatation of the lesion, self-expanding or balloon-expanded stents with or without protective devices. The aim of our study was to evaluate the feasibility, safety, and efficacy of four different interventional techniques.

Methods: In a series of 1075 consecutive patients (346 female/729 male, mean age 70 years) carotid artery stenting (CAS) was performed. Indications for CAS were either symptomatic patients with a stenosis ≥60% or asymptomatic stenoses ≥80%. Adverse events were defined as death, stroke (>24 hours), PRIND (< 72 hours). We evaluated four different techniques: 1: predilatation + CAS, 2: CAS without protection (PBS-noPro) and 2: without cerebral protection (PBS-noPro), and 3: stenting without predilatation (NPBS-withPro) and 4: without cerebral protection (NPBS-noPro).

Results: Technical success was achieved in 491 NPBS-withPro patients (99%) and in 252 patients (98%). In patients with predilatation, technical success could be achieved in 114 PBS-withPro (99%) and in all (100%) PBS-noPro patients. The groups with the highest risk of procedural adverse events were PBS-noPro with 4.8% and NPBS-noPro with 4.7%. Adverse events occurred in the NPBS-withPro patients in 2%, and in the PBS-with patients in 0.8%. However, these differences did not reach statistical significance (NPBS-withPro vs. NPBS-noPro = ns, NPBS-withPro vs. PBS-withPro = ns, PBS-withPro vs. PBS-noPro = ns, NPBS-withPro vs. PBS-noPro = ns, PBS-withPro vs. PBS-noPro = ns). The only significant difference in the risk of procedural events was found for patients with stenosis, versus patients without the use of protective devices (NPBS-noPro = 6.5% vs. PBS-noPro (n=121, adverse events, 1.7% vs. NPBS-noPro) (n=463, 19 adverse events, 4.1%, p< 0.05).

Conclusions: The risk of adverse events (stroke/death) during CAS is associated with the use of cerebral protection rather than the use of predilatation or not.

TCT-198
EuroSCORE Risk Model as Predictor of Early and 1-year Results After Carotid Artery Stenting and Carotid Endarterectomy
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Background: To study early and 1-year outcomes of carotid artery stenting (CAS) and carotid endarterectomy (CEA) in patient with medical comorbidities according to Euroscore risk evaluation model.

Methods: We retrospectively reviewed 312 patients who were treated for symptomatic carotid stenosis between 2002 and 2012 (142 CAS and 170 carotid endarterectomies CEA).

Results: Patients undergoing CEA were older than CAS (78 years vs. 70 years, P = 0.001). Embolic protection devices were used in 98.6% of cases. Depending on comorbidities all patient were divided in two groups: EuroSCORE ≤ 20 (n = 181) and EuroSCORE > 20 (n = 131). Early results of EuroSCORE ≤ 20) group were performed in 75 patients, CEA – in 106 patients. The 30-days stroke rate did not differ between subgroups (2.7% in CAS vs. 1.9% CEA, p > 0.05). The 1-year freedom from stroke were 93.6% in CAS subgroup and 94.3% in CEA subgroup (p > 0.05). There was no difference in the all-cause death rate (stroke-related, coronary, other) at 1-year follow-up (2.7% in CAS and 2.2% in CEA). The EuroSCORE > 20 group was performed in 64 patients, CEA – in 58 patients. There was no difference in the incidence of 30-days stroke (2.8% in CAS vs. 1.7% CEA, p > 0.05). The 1-year freedom from stroke were 93.6% in CAS subgroup and 94.9% in CEA subgroup (p > 0.05). The all-cause death rate among CAS patients was lower (1.4%) compared to CEA patients (12%, p = 0.044). Univariable analysis in patients undergoing CAS showed that and age > 70 years was related with postprocedure neurological complications (p = 0.046).

Conclusions: Age was not independent risk factors on multivariate analysis.

TCT-199
The Transradial Approach is Safe and Effective for Carotid Artery Stenting
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Background: Carotid artery stenting (CAS) is viable alternative to carotid endarterectomy (CEA). Femoral access for CAS may be problematic due to peripheral vascular disease, anatomical variations of the aortic arch, and access site complications. The primary endpoint of this study was to evaluate the right transradial approach (TRA) for CAS.

Methods: A retrospective analysis of all 420 pts that underwent TRA CAS at two centers was performed. Demographics, the technique used to deploy the sheath in the common carotid, procedural details, results, and complications were evaluated.

Results: CAS was attempted from TRA in 420 pts (mean age 69, 72% male). Comorbidity increasing the risk of CEA were present in 334/79% and 213/31% were asymptomatic. CAS was successful in 39/420 (94%) pts; 239/254 (94%) right CA, 15/17 (88%) bovine left CA, 18/119 (91%) left CA. The specific technique varied with the anatomy. The initial diagnostic catheter for RCA was Simmons 1 (25%) or Simmons 2 (more acute angle) (52%); for bovine left CA an Amplatz R2 (36%) or Simmons (more vertical takeoff) (29%); and for non-bovine left CA a wire-branded Simmons 2 (77%). The diagnostic catheter was then exchanged for a 5F (26%) or 6F (69%) sheath or 7F guide (5%) over an 0.035 standard (4%) or Amplatz super stiff guidewire (73%), or Glidewire (23%). In more recent cases, a one-step method advancing a TAD II guidewire directly into the external for shuttling sheath exchange was utilized (6%). Seven different carotid artery stents (50% Xact) and 7 different distal embolic protection devices were used. Adverse events included 2 major strokes (0.48%) one of whom died, 4 minor strokes (0.96%), and no myocardial infarction at 30 days. No bleeding complications occurred although 23 (6%) of patients had asymptomatic post-procedure radial occlusion. Inadequate catheter support at the origin of the CCA was the technical cause of failure in the unsuccessful cases that were completed from femoral access as part of the same procedure.

Conclusions: The transradial approach is save, consistent and efficient technique for CAS in the presence of factors that increase the risk or difficulty of femoral access.

TCT-200
Endovascular Revascularization For Cerebral Ischemia in Takayasu Arteritis: five year Experience
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Background: Cerebral ischemia secondary to severe stenosis of the major arch vessels is a well known phenomenon in Takayasu arteritis. Significant obstruction of one or more arteries supplying the brain can lead to ischemic CVA, syncope, transient ischemic attack, or visual impairment. In the past 5 years we had 18 patients with Takayasu arteritis with such symptoms in whom 12 lesions were subjected to angioplasty with stenting.

Methods: During the period April, 2007 to march, 2012, total 24 patients that were diagnosed to have Takayasu arteritis showed symptoms of cerebral ischemia. Of them 18 (75%) (23 lesions in supraaortic arteries-carotid, vertebral or brachiocephalic) with age ranging from 24 yr to 48 yr (mean age 27.6 ± 1.15 years) underwent angioplasty with stenting to one or more lesions. The procedural details and acute and follow-up data of these 18 cases was analysed in this study.

Results: Angioplasty was attempted on 22 lesions (carotid-10, vertebral-6, and brachiocephalic-6). The procedure was successfully completed in 20 out of 22 lesions. Bare-metal stents were deployed in all 20 cases (rapid exchange system-12 and over-the-wire system-8; balloon-expandable-8 and self-expandable-12).The wire could not cross 2 lesions with total occlusion of brachiocephalic arteries. Two had subtotal result with > 20% residual stenosis. One case of carotid angioplasty had TIA and another had seizures after 3 hours of the procedure. In one case there was femoral pseudoaneurysm which could be managed conservatively. On follow-up there was marked symptomatic relief in 17 of the 18 cases (94.4%). Only 12 cases came for follow-up angiograms at a mean period of 7.45 ± 1.25 months and 3 (25%) had restenosis.

Conclusions: Angioplasty and stenting of the significant lesions in supra-aortic vessels in symptomatic patients with Takayasu arteritis showed acceptable acute success. The symptomatic relief was well maintained most of the patients at follow-up.