

Capitolo 27

Cardiopatía ischemica: malattia coronarica e carotidopatía ostruttiva

Simultaneous Hybrid Revasculararization by Carrotid Stenting and Coronary Artery Bypass **Long-term Results of the SHARP Study**

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Surgical treatment of carotid and multivessel coronary artery obstructive disease by conventional CEA and CABG results in higher morbidity and mortality compared to each single procedure



SIMULTANEOUS HYBRID REVASCLARIZATION BY CAROTID STENTING AND CABG (SHARP) PROTOCOL

Aim of the Protocol

To reduce operative risk and minimize surgical trauma as compared to traditional combined surgical carotid endarterectomy and CABG



SHARP PROTOCOL

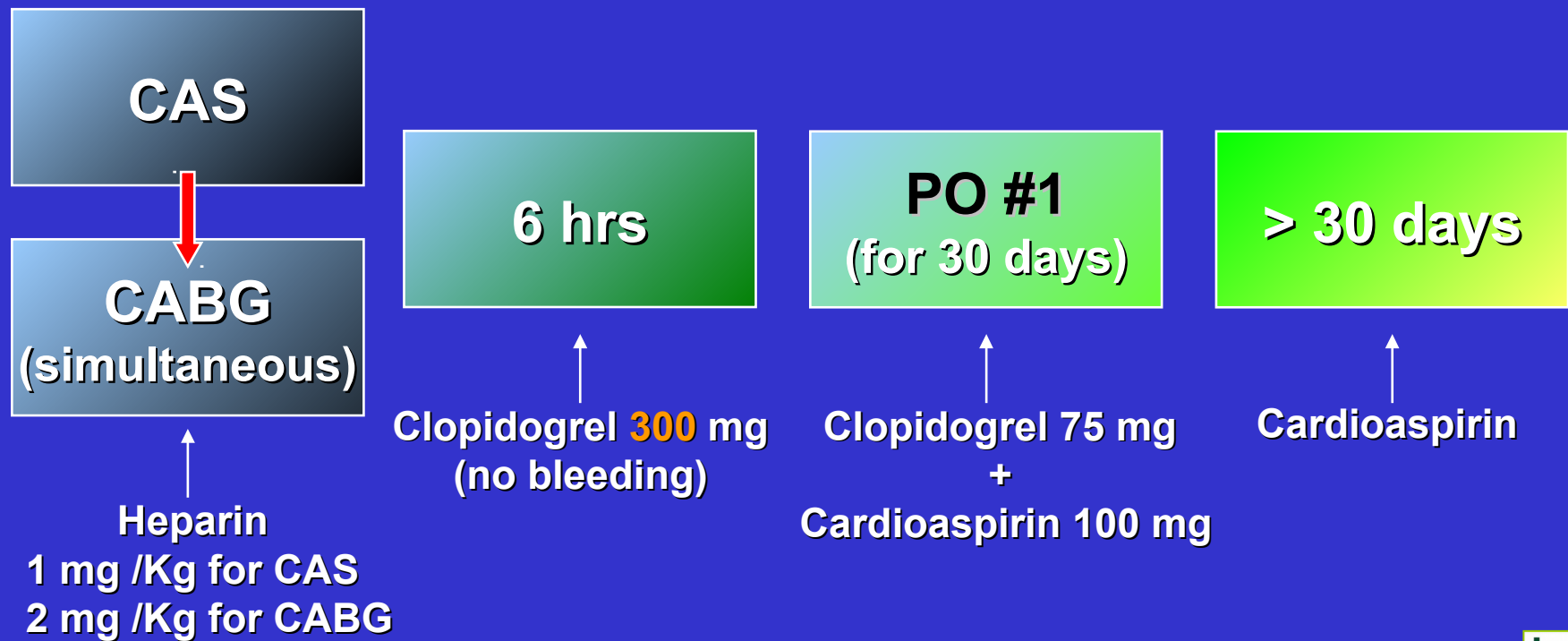
Materials and Methods

- 95 consecutive pts (*Jan. 2005 - Jul. 2013*)
- Mean age 69 ± 8 yrs, Males 79 (83%)
- Carotid ($\geq 70\%$ stenosis) and multivessel /LM coronary artery disease
- EuroScore I: $8.6\% \pm 7.3\%$
- EuroScore II: $3.4\% \pm 2.4\%$
- Bilateral carotid stenosis $\geq 50\%$ $< 70\%$: 65 pts (68%)
- Urgent CABG: 48 pts (50%)
- Off-pump CABG: 15 pts (16%)
- Mean follow-up: 48 ± 34 (2-108) months, complete 97%



SHARP PROTOCOL

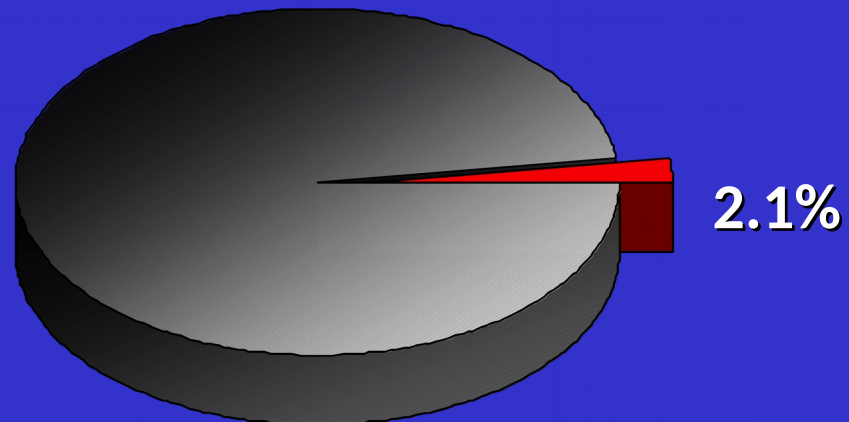
Treatment Protocol



SHARP PROTOCOL

Results

In-hospital Mortality



SHARP PROTOCOL

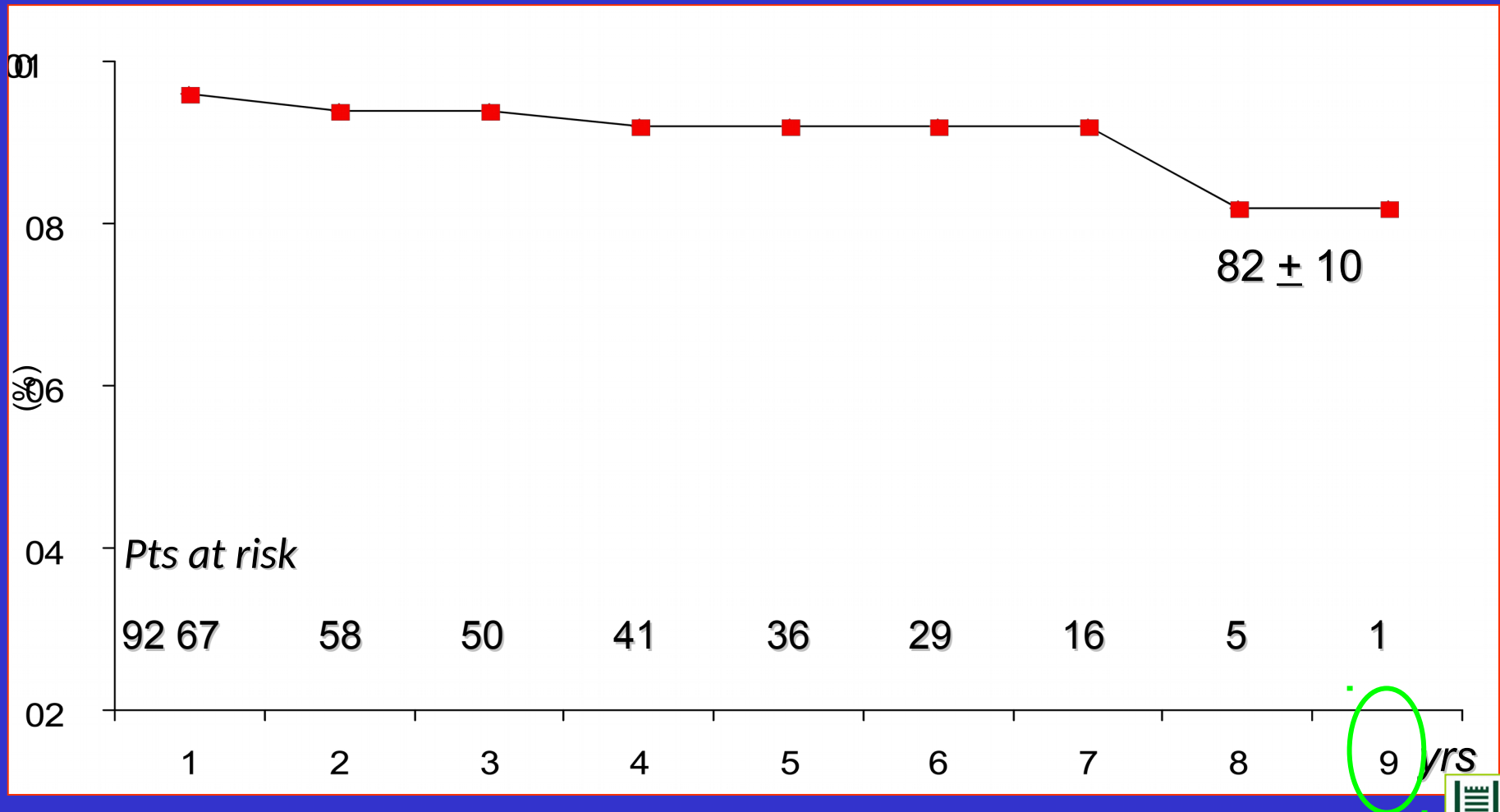
In-Hospital Morbidity

- Periprocedural stroke 0%
- Transient ischemic attacks 3.2%
- Perioperative myocardial infarction 0%
- Re-exploration for bleeding 4.2%



FREEDOM FROM LATE DEATH

(Follow-up 48 ± 34 months, 7 deaths)



SHARP PROTOCOL



TOR VERGATA

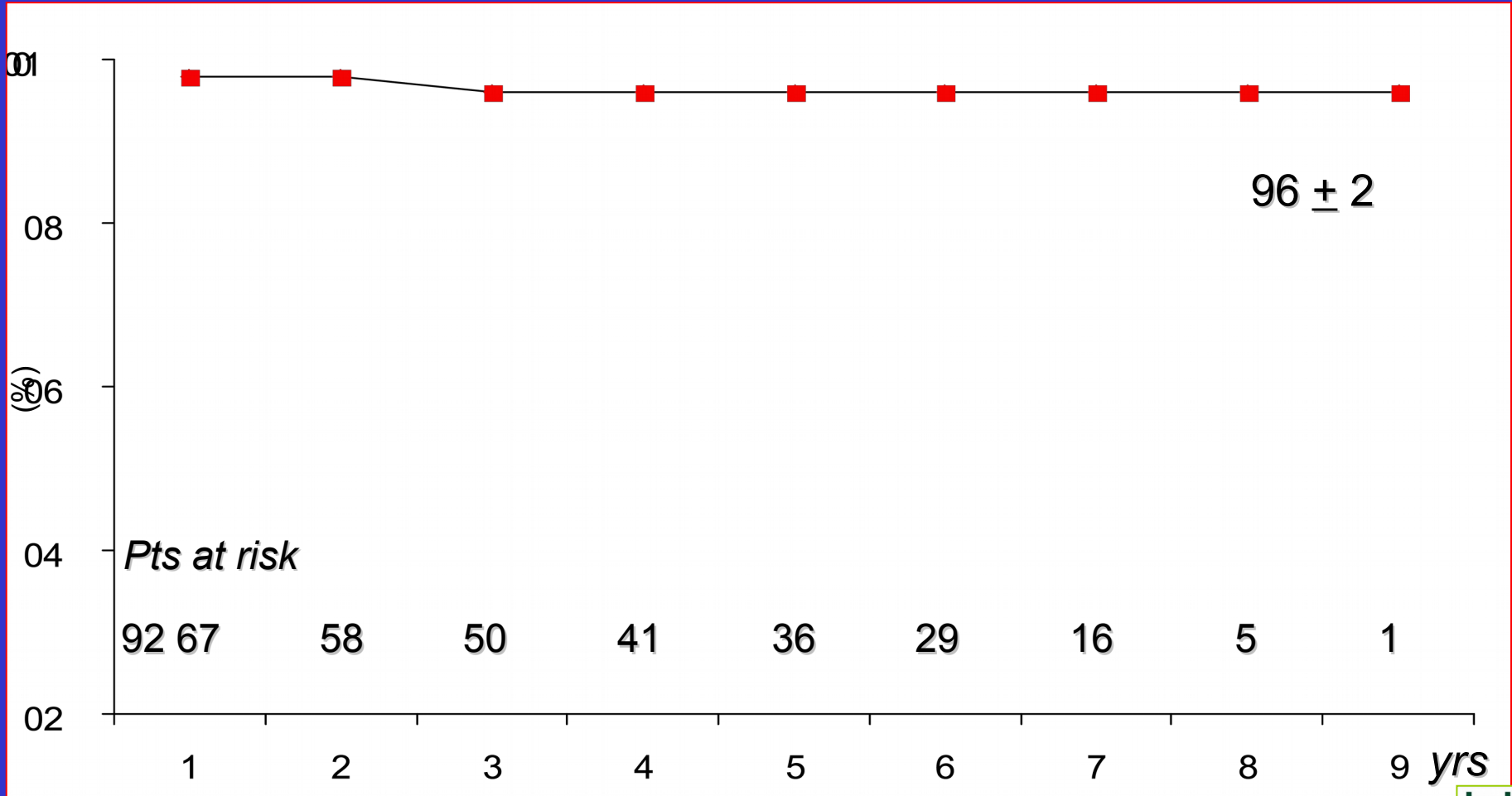
Independent Predictor of Late Death:

- Preoperative lower value of LVEF
(43% vs. 54%; HR: 7.7, $P = 0.007$)



FREEDOM FROM CARDIAC DEATH

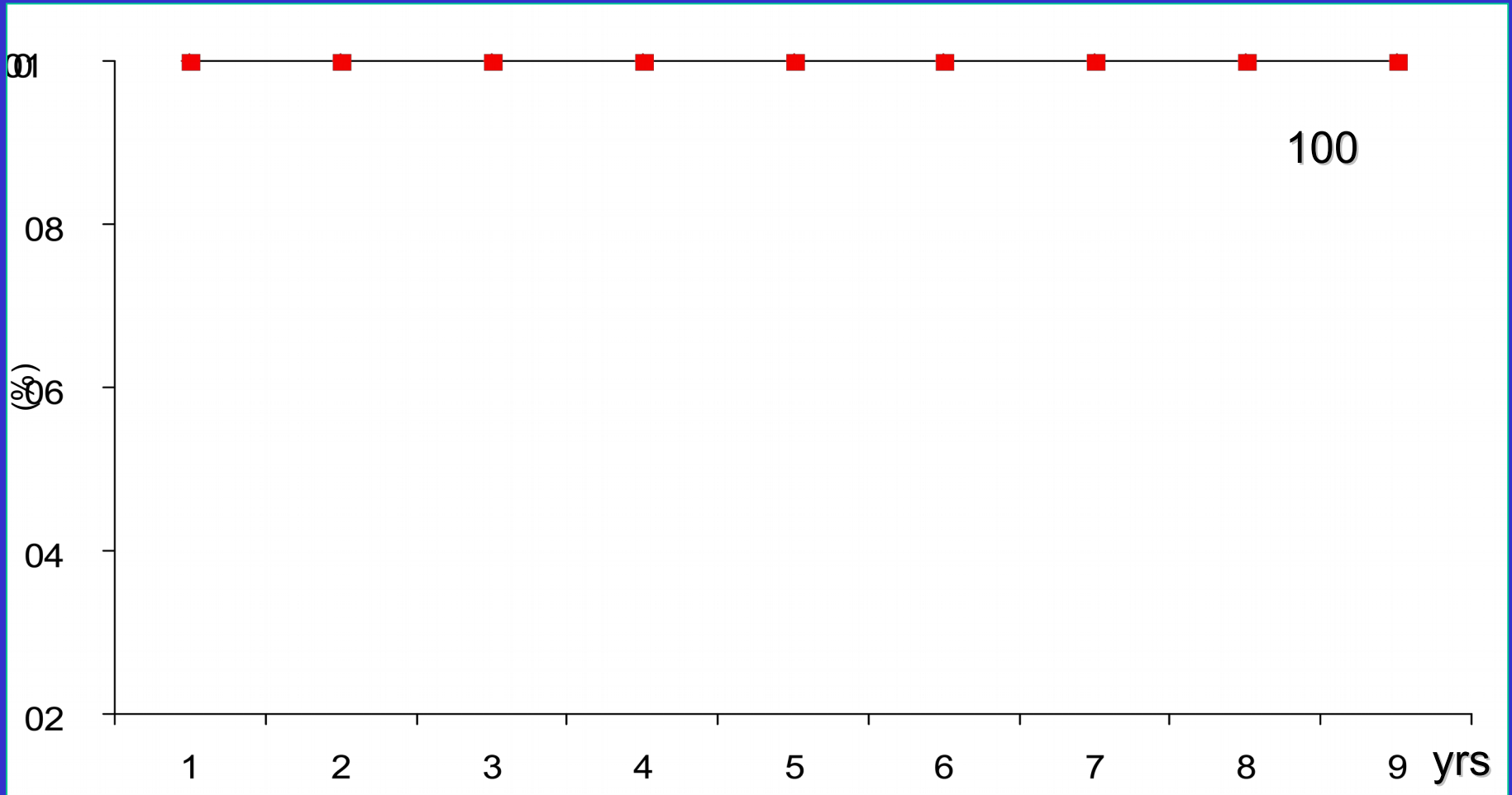
(3 deaths)



SHARP PROTOCOL



FREEDOM FROM CAS-RELATED STROKE



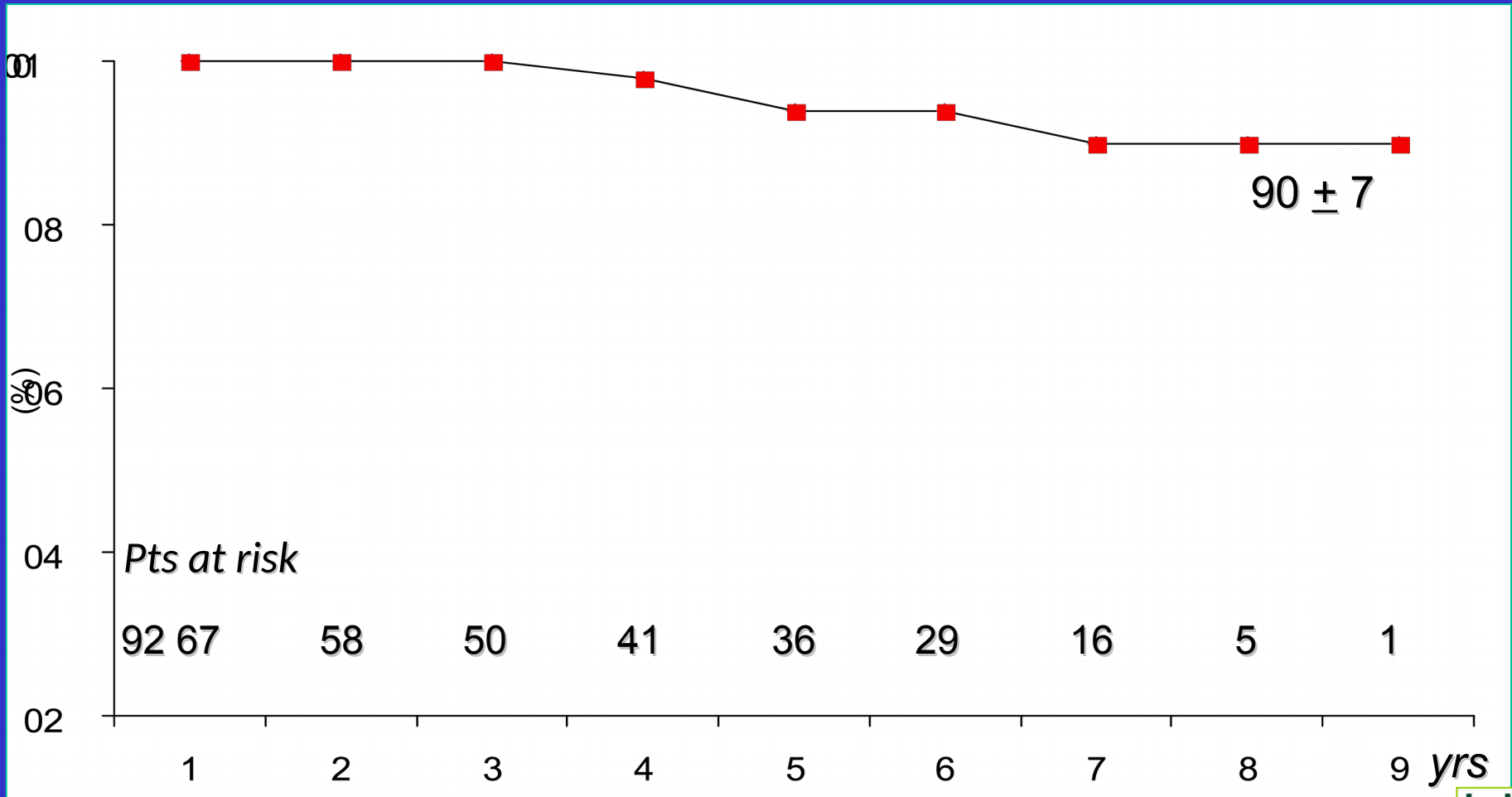
SHARP PROTOCOL



TOR VERGATA

FREEDOM FROM NEUROLOGICAL EVENTS

(5 events)



SHARP PROTOCOL



TOR VERGATA

CONCLUSIONS -1

- The proposed hybrid approach presents a mortality rate comparable to that of isolated CABG
- CABG immediately following CAS minimizes the risk of periprocedural myocardial infarction



The rationale of the SHARP Protocol

- ↓ Risk of myocardial infarction,
by reducing interval between the two procedures
- ↓ Risk of bleeding during CABG
(no Clopidogrel antiaggregation administered before surgery)



CONCLUSIONS -2

- At a long-term period, a high rate of event-free survival and freedom from neurological events can be expected

