

# Endovascular Treatment of Cervicothoracic Vertebral and Subclavian Disease: Long-term Clinical Outcome, Restenosis, and Retreatment

Brian Lim Hoh MD University of Florida



#### Introduction

Endovascular treatment of cervicothoracic vertebral and subclavian disease has historically been hampered by significant restenosis rates. Advances in endovascular technology, dual antiplatelet therapy, and improved techniques may translate to significantly better outcomes and restenosis rates.

#### **Methods**

A single neurosurgeon's series of endovasculartreated patients with cervicothoracic vertebral and subclavian disease from 2006-2012 was retrospectively analyzed for 30-day and longterm clinical outcomes (modified Rankin score) angiographic followup, and retreatment.

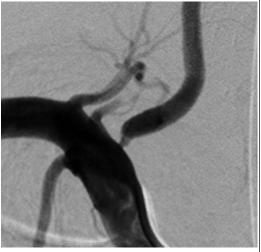
#### **Results**

45 patients were treated for vertebral origin(27), cervical vertebral(10), subclavian(7), and innominate(1) stenosis/occlusion. Clinical presentations were stroke/TIA(39), subclavian steal(5), and access(1). Stenosis was 82 +/-11 percent; Dstenosis 1.04 +/- 0.68; Dnormal 5.6 +/- 1.8; and Length 8.56 +/- 6.1. Endovascular treatment consisted of balloonmounted stent(36), balloon angioplasty and self -expanding stent(7), balloon angioplasty alone(2). Thromboembolic protection was used: distal(23), proximal(1), and none(21). All patients were on dual antiplatelet therapy. There were 0 periprocedural complications; 100% mRS<2 at 30 days; and 92% mRS<2 and 8% mortality (all unrelated: cancer, trauma) at long-term followup (26 +/- 13 months). There was 11% restenosis and 4% occlusion (asymptomatic) (20 +/- 12 months). There was 11% retreatment with no associated complications and no further restenosis.

### **Conclusions**

Endovascular treatment of cervicothoracic vertebral and subclavian disease is very safe. There is 11% retreatment for restenosis but retreatment is very safe and associated with no further restenosis.

# **Symptomatic Vert Origin Stenosis**



68 year old man with left vert occlusion, right vert origin stenosis, and posterior circulation TIAs

### **Angioplasty and Stenting**



# **Subclavian Steal**



51 year old man with subclavian steal

### **Subclavian Steal**



# **Angioplasty and Stenting**



Angioplasty and stenting of left subclavian occlusion