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Titel des Beitrags:
Sex differences in operative and endovascular treatment of carotid stenoses

Abstract:
Background. About 20% of all ischaemic strokes develop against the backdrop of extracranial macroangiopathy. Men are more frequently affected than women and are an average of 5-10 years younger. Morbidity and mortality are higher in women, however. This paper deals with the question of sex specificity in the surgical and endovascular treatment of extracranial carotid stenoses.

Materials and methods. After a Medline search all prospective randomized studies (CEA vs conservative treatment, CEA vs CAS), meta-analyses, and systematic reviews were perused to look for sex-specific complication rates and long-term results of carotid endarterectomy (CEA) and carotid stenting (CAS).

Results. In the available literature, women are underrepresented, accounting for only 20-30% of all study patients. Overall, compared with men, women have a higher perioperative rate of stroke, albeit without higher mortality. Women have a lower stroke rate in the natural course of symptom-free or symptomatic carotid stenoses. The stroke-protective value for CEA is greater in men, women benefiting only when a very low complication rate is retained. For CAS only isolated sex-specific evaluations are available so far. While in single register studies no sex difference was demonstrable, the 30-day complication rate in the prospective randomized SPACE study was 6.5% for men (OR 1.01, 95% CI 0.58-1.74), while women did not enjoy
any significant benefit of CEA (6% vs 7.7%, OR 1.31, 95% CI 0.51-3.44). Sex-specific long-term results after CAS are not available at present. Conclusions. Gender has an influence on complication rates and long-term results and should be given more attention in future studies.