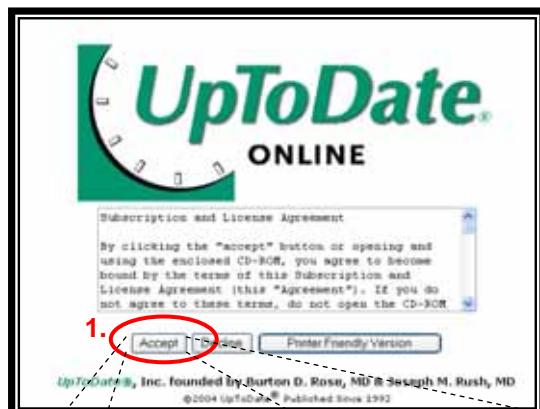


ログイン (1) 每回許諾条件を了解するAcceptのボタンを押して下さい。

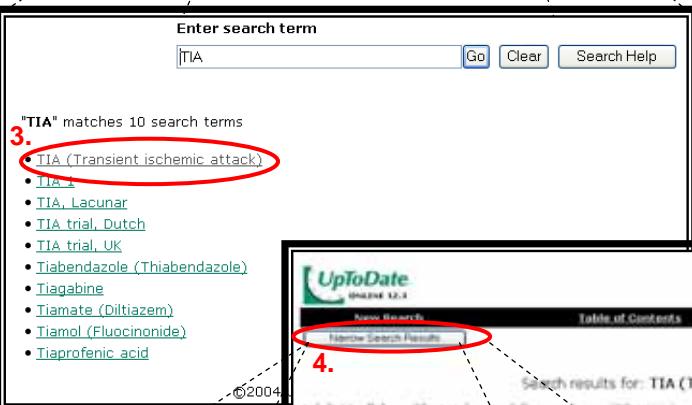


(2)検索画面です。Enter search Term下のボックスに検索語を入れて下さい。前方一致で予め関連づけされたトピックを検索します。
"Go" を押して実行。



(3)検索語に対してヒットしたトピックが表示されます。

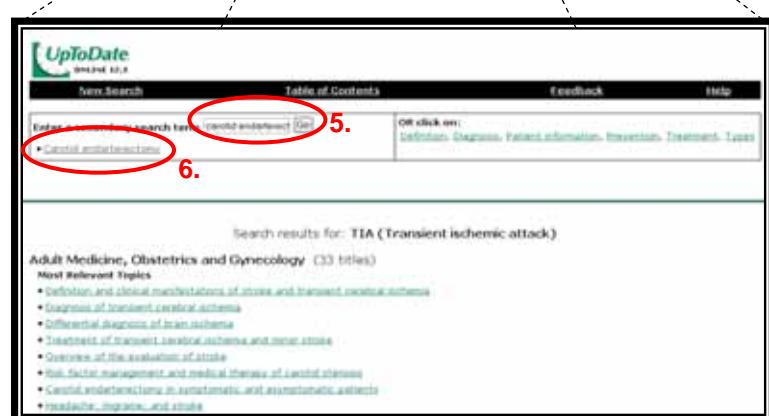
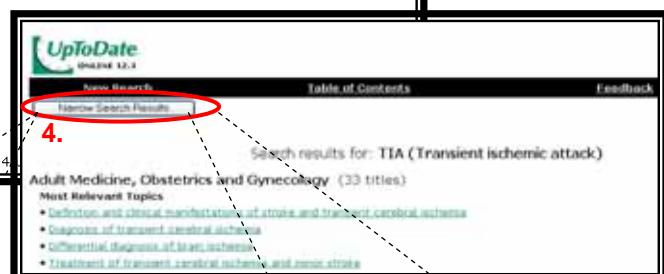
トピックをクリックすると関連するレビューが一覧されます。
レビューの件数が多い場合は更に **Narrow Search Results** (4)のボタンをして絞り込みを行います。



更にキーワードを使って絞り込む場合は(5) のボックスにあたらしい検索語を入力して "Go" を押します。新たなキーワードに対応するトピックが表示されます。 (6)

(6) を押すと先に検索されたトピックと次に選択したトピックの両方に関係するレビューを検索します。

*あるいは現在表示されているレビューを画面右上に表示される分類(Definition, Diagnosis, Treatmentなど)に限定することもできます。



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Narrow Search Results List Pediatrics titles first

二つのキーワードにより絞り込まれた検索結果が表示されました。(7)ご覧になりたいタイトルが表示されたらその上でクリックします。

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Carotid endarterectomy in symptomatic and asymptomatic patients

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Ronald M. Fairman, MD

UpToDate performs a continuous review of over 330 journals and other resources. Updates are added as important new information is published. The literature review for version 12.3 is current through August 2004; this topic was last changed on September 9, 2004. The next version of UpToDate (13.1) will be released in February 2005.

INTRODUCTION — Stroke is the third leading cause of death in the United States, behind heart disease and cancer. With the increasingly aging population, the prevalence of stroke has gradually been rising. Stroke is a major medical problem because of the high rate of morbidity and mortality as illustrated by the following observations [1]:

- The mortality from the acute event is about 20 percent
- Approximately 50 percent of patients are alive after five years
- There is substantial morbidity among the survivors; data from the Framingham study reveal that 10 percent are unable to return to work while up to 4 percent require total custodial care [2]
- Approximately 25 percent of survivors will have a second neurologic event, leading to death in over one-half

Stroke may result from hemorrhage, either subarachnoid (eg, ruptured berry aneurysm) or intracerebral (eg, due to uncontrolled hypertension), or more often from ischemic infarction which is usually due to embolization (primarily from the carotid artery or the heart) or thrombosis but can result from a low-flow state. Cardiac-disease stroke is typically embolic and result from atrial fibrillation, atrial flutter, or a thrombus in the heart. Atrial fibrillation is the most common cause of embolic stroke in the United States [3].

トピックレビューが表示されます。画面の左側にナビゲーションのためのアウトラインが表示されます。ご覧になるアウトラインを押すと右側の表示画面がその部分へ頭出しされます。(8)

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Carotid endarterectomy in symptomatic and asymptomatic patients

INTRODUCTION

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- Diagnosis

CAROTID ENDARTERECTOMY

CLINICAL TRIALS IN SYMPTOMATIC PATIENTS

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- ECST trial**
- North American Trialist Group**
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 - CASARVO trial**
 - MACCE trial**
 - VA Cooperative Study Group**
 - ACAS trial**

TRANSIENT SURGERY IN SYMPTOMATIC PATIENTS

CAROTID ENDARTERECTOMY IN GENERAL SURGICAL PATIENTS

FACTORS INFLUENCING CEA TREATMENT DECISIONS

- Surgical expertise
- Stroke subtypes
- Stroke risk
- Transient ischemic attack (TIA)
- Degree of stenosis
- Contralateral carotid stenosis or occlusion
- Other radiographic predictors
- Numbers needed to treat
- Exclusion criteria
- Advances in medical therapy

TIMING OF SURGERY IN SYMPTOMATIC PATIENTS — The optimal timing of CEA in symptomatic patients has been the subject of considerable debate [40]. Some series have reported an increased risk of cerebral hemorrhage in patients who undergo CEA within two weeks of stroke, particularly in patients with a large cerebral hemorrhage or stroke-in-evolution [41-43]. On the other hand, delay in CEA may expose the patient to an increased risk of recurrent stroke.

Na prospective, randomized studies have evaluated which patients can safely undergo CEA after a recent stroke. A number of retrospective studies have evaluated these questions, and a review of these trials concluded the following [40]:

• intracerebral hemorrhage possibly be reduced after endarterectomy; & Hyperperfusion syndrome

• Several reports weeks of cerebral infarction

• Patients undergoing heterogeneous procedures

9. Abstract for Reference 40
of "Carotid endarterectomy in symptomatic and asymptomatic patients"

10. Timing of carotid endarterectomy after stroke.
au - Print MB
50 - Stroke 1997 Dec;29(12):2569-73

BACKGROUND: Timing of carotid endarterectomy after stroke in a patient with a fixed neurological deficit remains an important but unresolved question. Early surgery has been associated with cerebral hemorrhage and infarct extension. Delayed endarterectomy exposes the patient to increased risk of stroke and hemorrhage, particularly in the first few weeks after stroke. The timing of surgery is often determined by the presence of complications.

SUMMARY OF REVIEW: This analysis critically evaluates peer-reviewed reports that retrospectively examined outcome after surgery performed "early" and "late" after stroke. The basis for intracerebral hemorrhage after endarterectomy is discussed. Clinical features of stroke and the timing of surgery are described. The timing of surgery is discussed in relation to the presence of complications. The following features: presence of low density on cranial CT, vascular territory of the infarct, brain shift, and level of consciousness. While the timing of surgery is often determined by the presence of complications, the timing of surgery is often determined by the presence of complications. The diagnosis is made, direct answer to these questions is best addressed by prospective studies. Nevertheless, the present review provides a basis for decision making in certain patients and for the design of future investigations.

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10.

Time from event to randomization, weeks	70-99 percent stenosis (Red)	50-69 percent stenosis (Blue)
0-2	30.2	14.8
2-4	17.6	2.5
4-12	11.4	4.0
>12	8.9	2.9

Early CEA is associated with improved outcomes Shown is absolute reduction with surgery in the five-year cumulative risk of ipsilateral carotid ischemic stroke and any stroke or death within 90 days after carotid endarterectomy (CEA) in patients with 50 to 69 percent stenosis. The data are stratified by the time from last symptomatic event to randomization, stratified by the time from last symptomatic event to randomization. Numbers above the bars indicate actual absolute risk reduction. Vertical error bars indicate 95% confidence interval.

表示される内容はその根拠となっているレファレンスを表示できます。[]内の数字をクリックすると書誌事項、Medlineのアブストラクトが表示されます。(9)

文中に([show figure](#))のハイパー링クがあれば対応する図表が表示されます。(10)