**PROGNOSIS OF PATIENTS WITH MILD TO MODERATE CAROTID SCLEROSIS**

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Cardiovascular event risk has not been fully investigated in patients with moderate or slight stenosis.

*Methods*: Carotid sclerosis was diagnosed by carotid ultrasonography, and plaque score(PS) was calculated. We evaluated 104 patients with moderate carotid stenosis (MoCST:percent area stenosis≧50%), 468 patients with severe carotid sclerosis (SCS: PS ≧10) and compared those with 262 patients with mild carotid sclerosis (MCS: PS<5 ). Patients with significant carotid stenosis (≧50% in diameter)were excluded.

*Results:* In 104 patients with MoCST ( mean age: 70.8±7.9, mean PS: 14.8±9.0), cerebral infarction(CI) was observed in 26 patients( 25.0 %),peripheral artery disease(PAD) was observed in 8(7.7 %), and Coronary artery disease(CAD) was observed in 39 (37.5 %). In patients with SCS (mean age:74.7±9.2, mean PS :13.8. CI was observed in 114 patients (24.4 %). PAD was observed in 32 ( 6.83 %), and CAD was observed in 124 ( 26.5 %).  In patients with MCS(mean age : 69.5 ±8.6, mean PS :3.82), CI was observed in 28 patients(10.69%) (P<0.0001 vs SCS), and CAD was observed in 24 patients( 9.16%),and PAD  was observed in 4( 0.85%)(P<0001 each vs SCS) . Mean number of risk factor was 2.92 ±1.01 in MoCTS group,  2.56 ±0.99 in SCS, and 1.91 ±0.99 in MCS(P<0.001).In 3 year follow up, ACS developed in 8, and new CI developed in 4 in MoCST group, in 14 ( 2.99 %) in SCS group, and in 4(1.52 %) in MCS group. All patients who developed CI had other cardiovascular disease. *Conclusions:* Incidence of CAD or CI was greater in patients with SCS or MoCST than in those with MCS, however, there was no significant difference. At 3 year follow up of all patients, CI did develop more commonly in patients with SCS or MoCST than in those with MCS, but not siginificantly.