**MANAGEMENT OF COMBINED SEVERE CAROTID STENOSIS AND CORONARY ARTERY DISEASE IN THE SOUTHERN REGION POPULATION OF SAUDI ARABIA**

**R.B. Birudugadda**, H. Aliter, E. Hassan, R.E. Gallo, M. Al-Murayeh

Armed Forces Hospital Southern Region, Khamis Mushayt, Saudi Arabia

Background: Patients with severe carotid stenosis and coronary disease requiring coronary artery bypass grafting are at high risk of developing cardiac events and stroke. Carotid revascularization should be considered for patients with symptomatic carotid disease and bilateral severe asymptomatic carotid stenosis. In patients with unilateral asymptomatic carotid stenosis, decision to proceed to revascularization should be based more on a perspective of long-term stroke prevention than of perioperative stroke reduction. Carotid artery stenting now is a safe procedure.

Methods: We studied 60 patients in 1 year who underwent coronary artery bypass grafting. 40 patients had carotid artery stenosis, 28 of them with bilateral stenosis (40-50%), remaining 12 had significant stenosis (68-75%).We monitored the cerebral blood flow and maintained high perfusion pressures and flow during the operative procedure.

Results: Carotid artery stenting was not done for these patients as we did not have the facility. Of the 40 patients who had CABG with carotid stenosis, 3 patients has postoperative stroke.

Conclusions: Studies suggests that previous or simultaneous Carotid stenting in patients with unilateral severe asymptomatic carotid stenosis undergoing CABG could prevent stroke better than delayed CEA, without increasing the overall surgical risk. As we now have the expertise and facility we made plans to stent the significant carotid stenosis prior to CABG.