sify the degree of stenosis. Newer techniques to identify "high-risk" carotid plaques (e.g., transcranial Doppler emboli detection, magnetic resonance direct thrombus imaging, 3-dimensional ultrasonography) are under investigation.

***Practice implications:*** When faced with an individual patient, the decision to opt for surgical management of asymptomatic carotid artery disease is not straightforward (see reference 3 for a comprehensive review). CE should be considered only for carefully selected patients with carotid artery stenosis of at least 60% who are less than 75 years old, have a good life expectancy and are at low surgical risk. Evidence of subclinical infarcts on brain imaging should be sought, as this may identify patients who actually have symptomatic carotid artery disease even though the symptoms are unrecognized clinically. Improved risk stratification methods are still needed to identify patients who will benefit most from CE and those who may be most harmed. On the basis of previous reports, patients with a higher degree of carotid artery stenosis, plaque ulceration or subclinical infarcts on brain imaging may be at increased risk of stroke and therefore may benefit more from CE; those with contralateral carotid artery occlusion, atrial fibrillation, congestive heart failure and diabetes may have a higher risk of perioperative stroke or death.

Conservative patients and their physicians will opt for medical management with aggressive reduction of risk factors and antiplatelet, antihypertensive and statin therapies (for plaque stabilization or perhaps plaque regression), although CE for asymptomatic carotid artery stenosis is now a more valid alternative. Asymptomatic carotid artery disease is a marker for coronary artery disease and peripheral vascular disease, which may also require attention. All patients should be educated about symptom recognition and monitored for the development of cerebral or retinal TIA or stroke, which would then indicate urgent referral for CE. Ultimately, patients who will benefit most from CE are those with recent stroke symptoms, and improved efforts directed at recognizing and referring these patients must remain top priority.

**David J. Gladstone**
**Demetrios J. Sahlas**
Division of Neurology
Regional Stroke Centre
Sunnybrook and Women's College Health Sciences Centre
University of Toronto
Toronto, Ont.

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