Reviewer’s report

Title: High-Grade Symptomatic or Asymptomatic Carotid Stenosis in the Very Elderly:A Challenge for Proponents of Carotid Angioplasty and Stenting.

Version: 1 Date: 13 February 2006

Reviewer: andreas kastrup

Reviewer’s report:

General
In this study the authors retrospectively analyzed the perioperative complication rates (stroke or death) of 1099 patients undergoing carotid endarterectomy (CEA) for high-grade symptomatic or asymptomatic carotid stenosis. Overall, they demonstrate a very low perioperative stroke or death rate (1.1%). As the major finding, they show that patients aged 80 years and older did not have an increased complication (stroke or death) rate (0%) compared with patients younger than 80 years (1.1%).

This large retrospective analysis addresses an interesting question. In fact, in contrast to carotid angioplasty and stenting evidence is accumulating that older subjects do not necessarily have higher complication rates during/after CEA than younger subjects. However, I have several major compulsory revisions which need to be addressed before this manuscript can be accepted for publication in the BMC Cardiovascular Disorders

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

1. Throughout the manuscript the authors speak of 30-day perioperative stroke or death rates. However, since most patients were discharged after 3-4 days after CEA it is unclear how these complications were assessed after discharge of the patients. Were all patients seen by a neurologist after 30 days? It seems more likely that the authors assessed the early perioperative stroke or death rates i.e. up to 72 h after CEA. If this is the case the manuscript should be modified accordingly.
2. The minor and major strokes need to be clearly defined e.g. “…not leading to disability or any significant impairment in activities of daily living”…..”inducing a change in lifestyle” etc. Otherwise, these results cannot be compared with the major trials or other large case series. The “cardiac complications” also need to be defined.
3. In both groups the perioperative mortality and stroke rates should presented separately for symptomatic and asymptomatic patients. The minor and major stroke rates should also be given separately (Table 2).
4. How were the cardiac complications assessed? Were all patients screened for MI after CEA.
5. I agree that it is unlikely that a major stroke was overlooked, however, a minor stroke might have been missed. I my view the authors should point out that this could have contributed to the extremely low complications rates in both groups.

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

None

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Discretionary Revisions (which the author can choose to ignore)

Abstract- In the first sentence …“is recommended” should be changed to “is often considered as..”

Background-
Second sentence should be reformulated. "Although older patients are typically seen in everyday clinical practice this important group of patients, i.e. those aged >= 80 years was rarely…
Line 8 ……or a less invasive procedure…should be changed to “ or a seemingly less invasive procedure”

**What next?:** Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No

**Declaration of competing interests:**

I declare that I have no competing interests.