

Silent Brain Infarcts After CEA/CAS Really Matter And Affect Cognitive Changes: The Size And Number of DW MRI Defects Are Critical

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Carotid Intervention and Changes in Executive Function

Carotid Intervention Improves Cognitive Function in Patients with Severe Atherosclerotic Carotid Disease

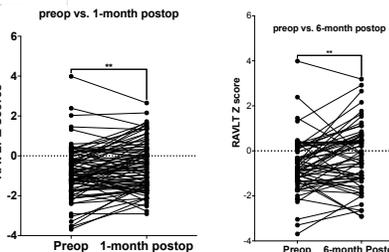
	n	Preop vs. 1 month postop		P-value	Cohen's d
		Preop	1 month postop		
WAISE III-Digit Span	133	10.38 ± 2.76 (9.9-10.85)	10.65 ± 2.72 (10.18-11.11)	0.077	0.154
WAISE III-Letter/Number	104	8.45 ± 3.44 (7.78-9.12)	9.09 ± 3.06 (8.49-9.68)	0.016	0.240
TMT-A	132	7.74 ± 3.09 (7.21-8.27)	8.41 ± 3.20 (7.86-8.96)	<0.001	0.313
TMT-B	126	7.92 ± 3.06 (7.38-8.46)	8.54 ± 3.04 (8.09-9.00)	0.003	0.273
BNT	120	10.78 ± 2.75 (10.28-11.27)	10.28 ± 2.86 (9.77-10.80)	0.001	0.312
GDS	127	7.51 ± 6.12 (6.44-8.58)	6.74 ± 6.13 (5.65-7.83)	0.015	0.220

	n	Preop vs. 6 months postop		P-value	Cohen's d
		Preop	6 months postop		
Digit Span	99	10.54 ± 2.76 (9.99-11.09)	11.22 ± 2.99 (10.71-11.58)	0.011	0.261
Letter/Number	83	8.92 ± 3.29 (8.20-9.64)	9.59 ± 3.00 (8.94-10.23)	0.028	0.245
TMT-A	98	8.07 ± 3.33 (7.40-8.74)	8.94 ± 3.40 (8.26-9.63)	0.001	0.341
TMT-B	97	8.12 ± 3.10 (7.50-8.75)	8.86 ± 2.90 (8.27-9.44)	0.005	0.291
BNT	92	10.22 ± 3.14 (9.57-10.87)	10.95 ± 3.06 (10.31-11.58)	<0.001	0.410
GDS	97	7.47 ± 6.20 (6.17-8.77)	7.24 ± 6.41 (6.04-8.53)	0.656	0.045

	n	Preop vs. 12 months postop		P-value	Cohen's d
		Preop	12 months postop		
Digit Span	87	10.52 ± 2.76 (9.99-11.05)	11.05 ± 3.00 (10.43-11.67)	0.002	0.345
Letter/Number	83	8.52 ± 3.47 (7.65-9.40)	9.37 ± 3.66 (8.44-10.29)	0.043	0.260
TMT-A	81	7.79 ± 3.02 (7.12-8.46)	8.97 ± 3.48 (8.30-9.85)	<0.001	0.576
TMT-B	80	7.93 ± 3.06 (7.24-8.61)	8.68 ± 3.37 (7.92-9.43)	0.016	0.276
BNT	78	10.45 ± 2.97 (9.78-11.12)	11.26 ± 2.86 (10.66-11.86)	<0.001	0.436
GDS	82	7.73 ± 5.81 (6.45-9.01)	6.84 ± 6.14 (5.49-8.19)	0.087	0.191

Carotid Intervention and Changes in Episodic Memory

Carotid Intervention Improves Cognitive Function in Patients with Severe Atherosclerotic Carotid Disease



RAVLT Z scores

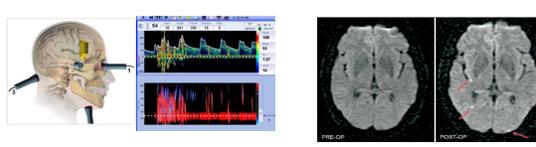
preop vs. 1-month postop

preop vs. 6-month postop

Silent Brain Infarcts

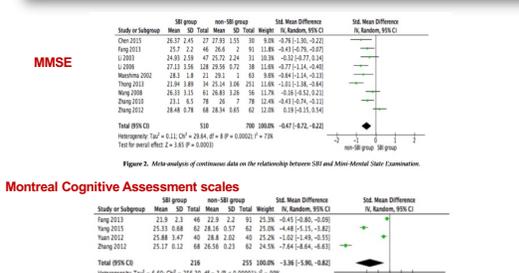
- Subclinical microembolization → SBIs
- Common after carotid intervention
- 20-70%

Al-Mubarak et al, Circulation 2001
 Zhou et al, J of Vascular Surgery, 2012
 Hitchner et al, J of Vascular Surgery 2016



Association Between Silent Brain Infarcts and Cognitive Function: A Systematic Review and Meta-Analysis.

Li, C¹, Dema², Li, H¹, Zhou^{1,2}



MMSE

Montreal Cognitive Assessment scales

Challenges of Studying SBIs

- SBIs are heterogeneous
- Size, number, and location
- Paucity of Information on size effects
- Cognitive measures are heterogeneous
- Various sensitivity
- Practice effects
- Timing

Operational Definition	Neuroimaging Tools
Executive Function	Digit Color and Word Test Trail Making Test (TMT-A) Behavioral Assessment System (BAS) Behavioral Assessment System (BAS) Working Memory Index (WMI) Digit Span (DS) Digit Span (DS)
Memory	Ray-Auditory Verbal Learning Test Wechsler Memory Scale (WMS) Wechsler Memory Scale (WMS) Wechsler Memory Scale (WMS) Wechsler Memory Scale (WMS)
Global Cognition	MMSE MoCA Wechsler Adult Intelligence Scale (WAIS)
Language	Reading Span Test Wechsler Vocabulary Test Wechsler Vocabulary Test
Visuospatial Function	Block Design Test Block Design Test

Experimental Models

Microembolism infarcts lead to delayed changes in affective-like behaviors followed by spatial memory impairment
 Christina L. Nemech¹, Malory S. Shurtz¹, Dana M. McTigue¹, Charles B. Nemeroff¹, Gábor N. Nagy¹
 Behav Brain Res, 2012

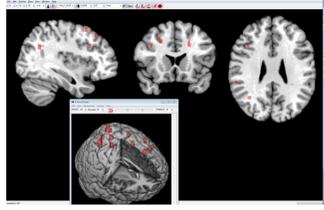
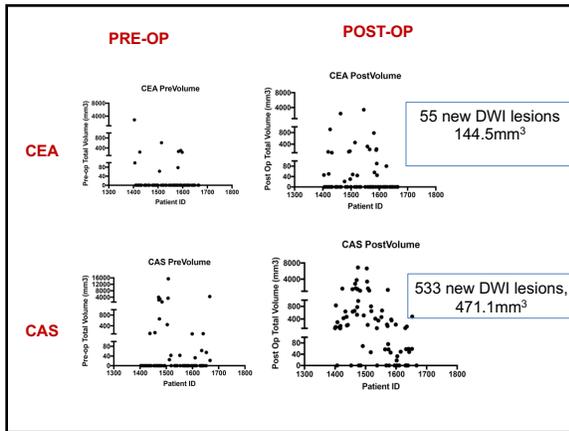
Microemboli Composed of Cholesterol Crystals Disrupt the Blood-Brain Barrier and Reduce Cognition
 Joseph H. Rapp, MD; Xian Mang Pan, MD; Melanie Neumann, PhD; Michelle Hong, BS; Kelsy Hollenbeck, BS; Jialing Liu, PhD
 Stroke, 2008

Atheroemboli to the brain: Size threshold for causing acute neuronal cell death
 Joseph H. Rapp, MDA, Xian M. Pan, MDA, Frank R. Sharp, MDA, Dhraj M. Shan, MD, Gregory A. Wilk, MDD, Pauline M. Velez, MDe, Aaron Troyer, BAA, Randall T. Higashida, MD, David Saver, MD
 JVS, 2000

Experimental animal models: Infarct size correlates to neuronal damage and cognitive outcome

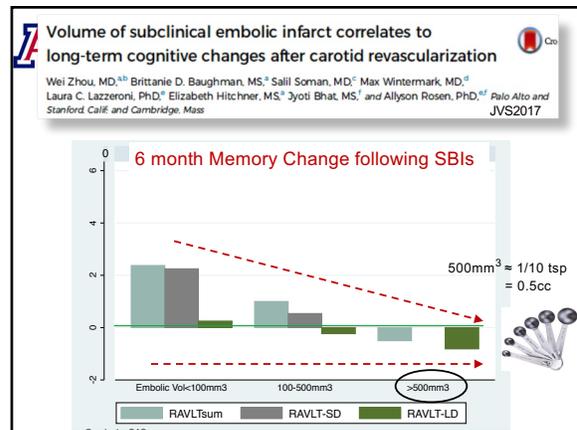
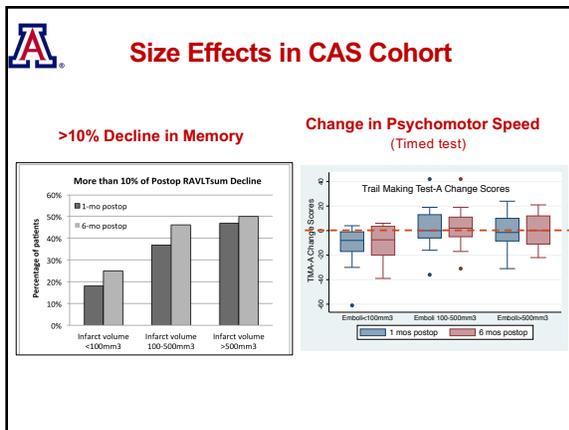
A NIH-sponsored prospective study of peri-procedure subclinical embolization

Homogenous population: severe carotid disease undergoing interventions
SBI quantification: DWI lesions that have shown radiographic impacts on MRI
Minimize practice effects: Parallel forms
Avoid anesthetic effects: Cognitive testing at 1, 6 month, and 12 postop

Size Effects in CAS Cohort

Patients Characteristics	<100mm ³ N= 18	100-500mm ³ N=23	>500mm ³ N=19	P values
Age (Mean, years)	69	72	70	0.38
Diabetes	10 (56%)	10 (43%)	10 (53%)	0.82
SBP >140	6 (33%)	12 (52%)	3 (16%)	0.05*
Obesity	6 (33%)	8 (35%)	10 (53%)	0.4
COPD	3 (17%)	3 (13%)	3 (16%)	0.94
Coronary artery disease	9 (50%)	14 (61%)	12 (63%)	0.73
Atrial fibrillation	0 (0%)	2 (1%)	2 (10%)	0.54
Chronic renal insufficiency	4 (22%)	11 (48%)	6 (32%)	0.22
Anti-platelets	8 (44%)	17 (74%)	12 (63%)	0.73
Contralateral occlusion/stenosis	3 (17%)	4 (18%)	5 (26%)	0.78
Pre-op symptoms	32 (46%)	8 (35%)	9 (47%)	0.68
Baseline memory scores	RAVLTsum: 32 RAVLT SD: 5.1 RAVLT LD: 5.7	33 6.3 6	35 6.5 6.5	0.57 0.13 0.7





Size Matters

- Silent brain Infarcts after carotid intervention affect cognitive changes
- The size of SBIs significantly influences cognitive outcome short-term and long-term

