

## CORRESPONDENCE

### Re. "Fate of the Distal False Aneurysms Complicating Internal Carotid Artery Dissection: Systematic Review"

Extracranial carotid artery aneurysms (ECAA) are an uncommon condition and the natural course remains unknown.<sup>1</sup> Among various etiological factors, dissection seems to be most prominent.<sup>2</sup> Paraskevas et al. reviewed eight studies on 166 patients with distal false carotid aneurysms and found that over 50% of aneurysms remained unchanged while only four patients underwent late surgery.<sup>3</sup> The authors concluded that conservative management with serial surveillance is the optimal approach for false aneurysms. The main shortcomings were the retrospective design, selection bias, and small study cohort. Most importantly the follow-up time and interval were unclear and the intra- and inter-individual imaging modality applied remained unreported. Although none of the non-operated aneurysms was associated with new neurological symptoms, no standardised neurological follow-up was performed and antiplatelet therapy was not reported. Therefore, this report does not provide a definite conclusion regarding the optimal therapeutic approach.

As the authors state, reporting standards for diagnosis and follow-up on ECAA are needed to better define their natural history. As recently reported, the web based registry on ECAA ([www.carotidaneurysmregistry.com](http://www.carotidaneurysmregistry.com)) was specifically designed to answer these questions by prospective data collection, including imaging type, follow-up time, and interval assessment.<sup>4</sup> Worldwide participation in this registry

by all specialists involved in the care of patients presenting with any ECAA is encouraged.

## REFERENCES

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Available online 18 December 2016

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<http://dx.doi.org/10.1016/j.ejvs.2016.11.015>  
DOI of original article: <http://dx.doi.org/10.1016/j.ejvs.2016.03.021>