

Cerebrovascular disease: Collaboration between neurologists and vascular surgeons in Mexico

Enfermedad cerebrovascular: colaboración entre neurólogos y angiólogos en México

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“Coming together is a beginning, staying together is progress, and working together is success.”

-Henry Ford (1863-1947)

Today's medical field is highly subspecialized, and what is gained in depth is often lost in extension. Multidisciplinary teamwork provides the most crucial framework for holistic medical care models that meet patients' demands who suffer from vascular disease, especially in resource-limited settings.

Cerebrovascular disease (CVD) is the leading cause of death and disability worldwide, posing a substantial economic burden on health systems¹. In Mexico, CVD remains understudied and available data show great variability in diagnostic and therapeutic strategies. The cumulative incidence of CVD in Mexico is 232/100,000 inhabitants, while the prevalence among people ≥ 60 years is 18/1000 inhabitants^{2,3}.

The important role of vascular surgeons in the diagnosis and management of CVD is recognized among neurologists, especially in conditions such as aortic arch and supra-aortic trunk disease (including carotid artery disease). Atherosclerotic carotid disease is a common cause of transient ischemic attack and stroke whose management includes medical and surgical treatment, depending on the degree of stenosis and

presence or absence of symptoms. Carotid endarterectomy with patch angioplasty and carotid stenting has emerged as essential revascularization techniques in primary and secondary stroke prevention.

Aortic arch disease may result in several neurological manifestations associated with primary vessel disorders (*embolism, dissection, aneurysms, and vasculitis*) and complications of its surgical management where participation between vascular neurologists and vascular surgeons is critical.

Vascular risk factors affect the entire economy of the body, and vascular disease is often multifocal, affecting carotid arteries, intracranial brain arteries, coronary arteries, aorta, and peripheral arteries. It is not uncommon for a patient with a stroke to suffer from ischemic heart disease and peripheral artery disease. Morbidity and mortality are much higher in patients with multifocal artery disease than unifocal^{4,5}.

Undoubtedly, the management of vascular disease requires a multidisciplinary team to treat the risk factors present in each patient (*diabetes mellitus, high blood pressure, dyslipidemia, smoking, atrial fibrillation, obesity, etc.*). Primary care physicians should be alert to the possibility of silent multifocal disease in patients with an apparent monovascular disorder. This model requires integrating various specialists responsible for the

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Date of reception: 13-03-2021

Date of acceptance: 17-03-2021

DOI: 10.24875/RMA.21000016

Available online: 23-06-2021

Rev Mex Angiol. 2021;49(2):43-44

www.RMAngiologia.com

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diagnosis and treatment of different forms of vascular disease; including vascular surgery, cardiology, and neurology.

Solidarity is our strength.

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