We agree that actually literature evidence remains extremely poor on this subject, and we may probably never have randomized control trials comparing immediate versus delayed CEA after IVT for stroke. However, we believe that in the near future we will observe in the literature some short series from high volume centers and meta analysis of them may provide sensible evidence base on the stroke and death rate that might be expected in such situation to provide better information to the patient.

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Dear Editor,

We read with great interest the excellent review by Arshad and McCarthy regarding management of limb ischaemia in the neonate and infant population.1 As stated, systemic heparinisation with/or without catheter directed or systemic thrombolysis, may allow initial limb salvage in the very young patient presenting with acute but non-limb-threatened ischaemia.1

We recently presented our experience in the management of 23 children aged ≤13 years with extremity arterial trauma, reporting also some neonates and infants with a palpable proximal pulse and audible distal Doppler signals, who did well with antiocoagulation alone.2

Surgical repair of arterial injuries in preschool children does not necessarily lead to restoration of distal pulses (in only 63% of all extremities) with limb-length discrepancy (LLD) recorded in 16% of patients in the long-term. Discouraging outcomes emerged after surgical intervention in patients, ≤2.5 years old, in which only 48% regained palpable pulses and LLD was observed in 15% of patients.2 Thus, in the absence of severe limb ischaemia systemic heparinisation and/or thrombolysis is effective and long lasting. If distal Doppler signals are present, limb loss is rare, but limb shortening is a threat as children grow. Surgical treatment of such arterial injuries in neonates and infants might best be deferred in ischemic but non-threatened limbs.2 The decision to intervene surgically in the very young children aged ≤3 years should be dictated by a definite threat of limb loss, while limb salvage with antiocoagulation alone in case of borderline ischaemia should not be overlooked. A suggested algorithm, clarifies the management of acute limb ischaemia in children ≤3-year old (Fig. 1).

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Figure 1  Algorithm for the management of acute limb ischaemia in children <3-year old.