Cervical artery dissection
Incidence 2.6 per 100,000 but 20% cause of strokes in young adults (<45)
   - 67% develop ischemia due to dissection within 24h
   - Risk factors: trauma (major), sports, cough/sneeze, spine manipulation, CTDs
     - Up to 1/3 patients deny mechanical stress…true or trivial mechanism?
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- Symptoms: neck pain, headache (80%; sudden, gradual), vertigo, ataxia, cerebellar/stem issues
- Exam: full neuro exam, cardiac exam (?bruits)
  - If trauma, look for seatbelt sign, challenging diagnosis in tubed patients
- Neurovascular imaging confirms the diagnosis
  - US is unreliable
Cervical artery dissection

- Loss of arterial wall integrity: dissection, thrombus, pseudoaneurysm, rupture (rare)
- VAD: most common at C1-2 and C5-6
- CAD: C2-3
• Stroke in CAD: rate of hemorrhage with IV tPa is 5.9 vs 0.6%
• AntiT therapy is mainstay for stroke prevention, one study 57% stroke rate, 4% if treated
  ◦ Other studies, difference of 20-40%
  ◦ Anticoagulation 40 vs 30 and 60-70 if thrombus
  ◦ Higher bleeding risk with it
  ◦ CADISS: CAD, RCT to antiPLT vs heparin +warfarin
  ◦ 250 Pts
  ◦ Equal stroke 3 and 1, SAH in anticoagulation group
  ◦ 7 in each arm were recurrent
  ◦ Low stroke rates
• Advice from consultants, ischemia neuro, intracranial/bleed: NS
Cervical Artery Dissection:
Early Recognition
And Stroke Prevention
Bottom line

- Don't need trauma...can be minor or simply forgotten
- Leading cause of stroke in young adults
- Needs anti-thrombotic therapy
References

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