Carotid artery dissection: Incidence 2-3/100000

Aetiology

1. Spontaneous in previously healthy individual
2. Spontaneous with underlying pathology(Marfan's syndrome, fibromuscular dysplasia, vasculitis)
3. Traumatic usually minor trauma

Presentation:

1. Neck pain radiating to the occipital region .Horner's syndrome occasionally.
2. In 90% of patients the diagnosis is made when the patient presents with neurological symptoms (TIA, Permanent deficit). This can occur from few hours to a few years after the dissection.

Diagnosis:

1. Angiogram (segmental narrowing of the artery (string sign)
2. MRI T1 with fat suppression and MRA.
3. Duplex ultrasound?? what is the sensitivity and specificity

Treatment: Controversial and empirical

1. Anticoagulation
2. Antiplatelets
3. Endovascular treatment (stenting for localised dissection)
4. Surgery: A. Ligation with or without bypass. In case of recurrent embolisation despite anticoagulation

B .Enterectomy and thrombectomy (Historical procedure)

- The natural history of the disease is that the artery will either recanalise in 3 months or completely thrombose. There is a small risk of distal embolisation??
- In the absence of contraindications it is reasonable to give anticoagulation or antiplatelets to decrease the risk of distal embolisation and complete thrombosis(no randomised prospective studies)
- No difference in the outcome between antiplatelets and anticoagulation (no prospective randomised trials).