

23. Management of Spontaneous Carotid Dissections

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PURPOSE: Spontaneous carotid dissections (SCD) are rare. The natural history of SCD is ill-defined and guidelines for management are largely empiric. The purpose of this study is to review the management and outcomes of patients presenting to our practice with SCD.

METHODS: Patients with SCD were identified from our database. Demographics, imaging studies, interventions and type of anticoagulation were obtained from hospital and office records. Follow-up studies and clinical status at the most recent clinical evaluation were noted.

RESULTS: In a 9-year period, 17 patients (11 women and 6 men) with an average age of 42 ± 8 (range 25 to 54) presented with SCD. We excluded patients with traumatic or type A dissections. Symptoms included stroke in 5 (29%), transient ischemic attacks in 3 (18%) and Horner's syndrome in 2 (12%). Other symptoms included headache, neck pain and diplopia or visual disturbance. Imaging studies included carotid duplex scan, digital subtraction, CT or magnetic resonance angiography. Every patient had at least 2 different studies confirming the diagnosis. SCD was present on the left side in 8 (47%), on the right in 6 (35%) and bilateral in three patients. Initial heparin and oral anticoagulation were used in all but two patients who had contraindications. Two of the patients with bilateral dissections required carotid angioplasty and stenting (CAS) for recurrent symptoms and two patients had CAS for pseudoaneurysm formation on follow-up imaging. The majority of patients who did not receive an intervention had spontaneous recanalization on subsequent CT angiograms. Only one patient was diagnosed with a congenital connective tissue disorder.

CONCLUSION: We conclude that patients with spontaneous carotid dissections should be initially treated with anticoagulation. Additional interventions with carotid angioplasty and stenting are only required in a small group of patients who develop a pseudoaneurysm or recurrent symptoms despite anticoagulation.