

ISCHAEMIC STROKE SECONDARY TO BILATERAL CAROTID ARTERY DISSECTION

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HISTORY AND PHYSICAL

21 year old gentleman presented with sudden onset right sided weakness and sensory loss. He had been lifting heavy weights with his neck in a hyperextended position prior to his symptoms developing. The only significant past medical history of note is migraines. He presented to us outside the 4.5 hour window for thrombolysis.

IMAGING



MRA 4 months apart showing improvement on the left side.

INDICATION FOR INTERVENTION

Ischaemic strokes secondary to carotid artery dissection should be treated with anti-thrombotic therapy, either an antiplatelet or an anticoagulant(8,9). In the CADISS trial, it has been shown that one is not significantly better than the other(6).

INTERVENTION

The patient improved within 2 weeks with no significant neurological deficit and was discharged on high dose aspirin. Repeat MRA showed recanalization with improved flow. He suffered no recurrent ischaemia and was well with anti-thrombotic treatment.

LEARNING POINTS

Invasive therapy for treatment of carotid artery dissections is not always the solution. Ischaemic strokes secondary to spontaneous carotid artery dissection in young adults is very common(10). Patients presenting with an ischaemic stroke following carotid artery dissection within 4.5 hours should be offered thrombolysis(1-5). The length of treatment with an anti-thrombotic is usually between 3-6 months guided by repeat imaging in order to prove resolution(7). There is no significant difference between an antiplatelet and anticoagulant(9). This case is a reminder that it is always important to consider simple medical management in the face of advancing invasive techniques.

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