62 y/o woman with sudden intense headache followed by bouts of vomiting.

Rishal Ambaram, MD Leo Wolansky, MD

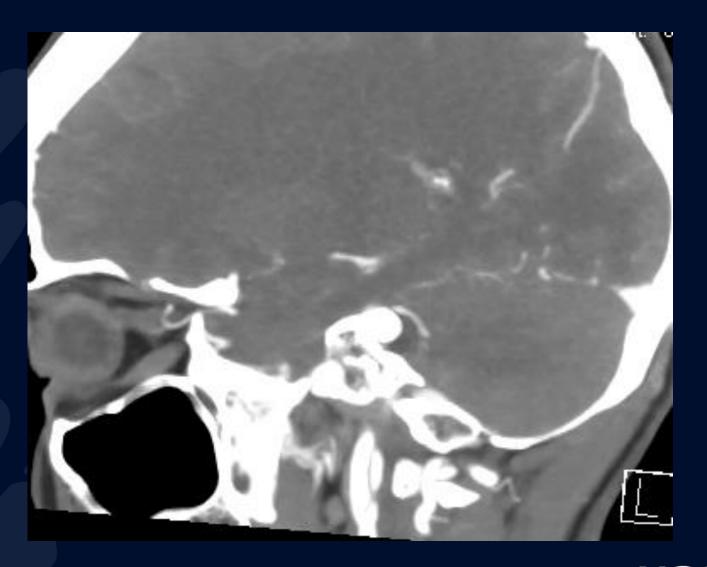










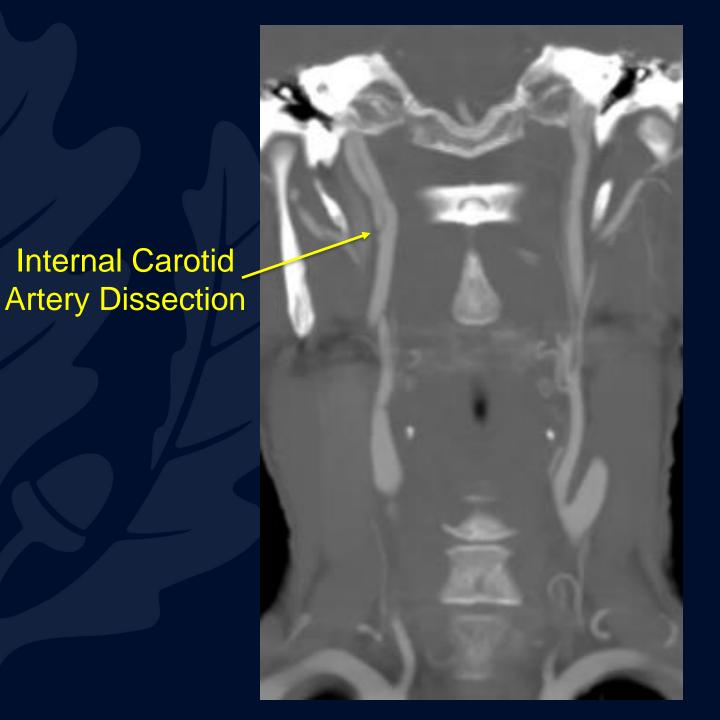




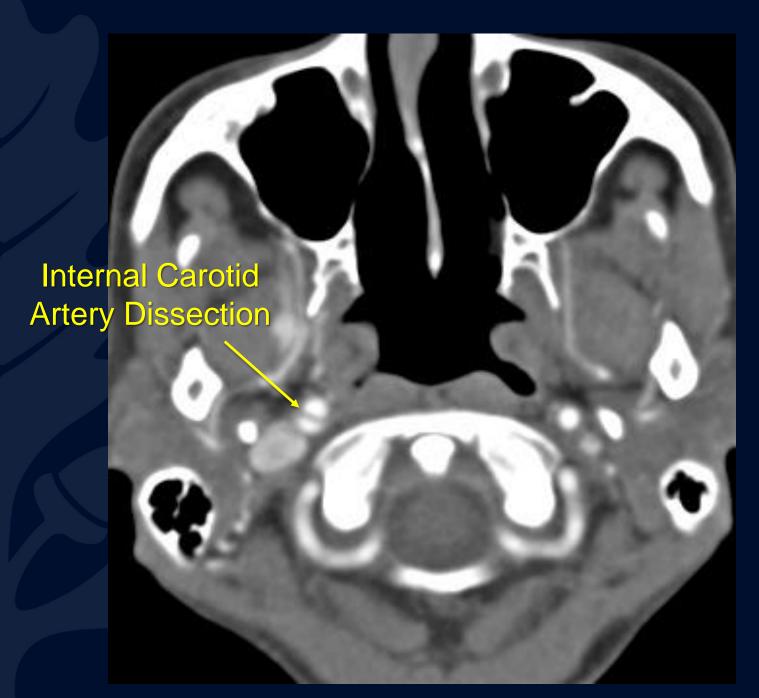




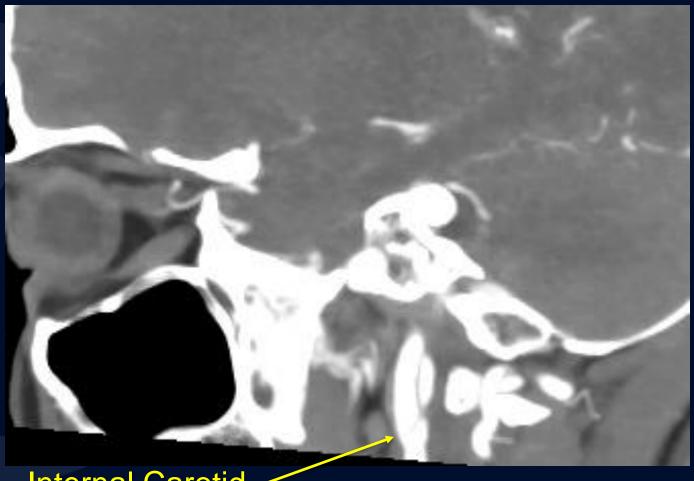














- Separation of arterial wall layers resulting in a false lumen
- Hemorrhage may be due to an intimal tear or other pathology of the vasa vasorum
- Spontaneous dissection of cervical arteries occur in about
- 3 cases per 100,000 individuals across all ages
- Patients with spontaneous cervical artery dissections due to connective tissue or vascular disorders is low
- Most common association is with Fibromuscular dysplasia
- Most often presents with ischemic stroke or TIA



Associated Disorders:

- Fibromuscular dysplasia (FMD)
- Ehlers Danlos Syndrome
- Marfan Syndrome
- Osteogenesis imperfecta
- Cystic medial necrosis
- Alpha 1 antitrypsin deficiency



- -Symptoms include: head/neck pain, headache of gradual onset (although some have sudden and severe pain "thunderclap" headache, tinnitus, scalp tenderness.
- -Horner syndrome occurs in 25% of cases distention of sympathetic fibers spanning the external surface of the ICA (usually ptosis and miosis)
- -Diagnosis made my neuroimaging showing long tapered arterial stenosis, a tapered occlusion, a dissecting aneurysm, an intimal flap, a double lumen, or an intramural hematoma.
- -Most common imaging performed: Brain MRI with MRA or CTA
- -Fat-Sat T1 MRI of the neck and intracranial course of ICA best for subacute dissection due to Methemoglobin in vessel wall

RADIOLOGY

References

<u>Spontaneous Dissection of the Carotid and Vertebral Arteries | NEJM</u> https://www.nejm.org/doi/full/10.1056/NEJM200108093450616

Carotid and vertebral artery dissection syndromes | Postgraduate Medical Journal pmj.bmj.com > Archive > Volume 81, Issue 956

