Recurrent Carotid Artery Vasospasm or Dissection?

To the Editor:

We find the article by Janzarik et al reporting extracranial artery vasospasm very unconvincing. As the authors say, it is a rare phenomenon, if it ever occurs at all. Vasospasm was said to occur during direct insertion of the needle into the extracranial cervical arteries during angiography, but we suspect that in most if not all cases, the arterial narrowing was much more likely attributable to traumatic dissection.

In both patients we believe the authors’ initial diagnosis of carotid dissection was correct. The MRI illustrating the “string sign” would support this diagnosis, and the rapid resolution is completely compatible with healing of dissection. In any case, ultrasound diagnosis of dissection is much less accurate than MRI. In addition both patients were young and the second patient had migraine, further supporting the diagnosis of cervical artery dissection.

The misdiagnosis of dissection as vasospasm has serious clinical implications because the current practice of giving antithrombotic treatment in patients with acute dissection would be inappropriate if the patient really has “idiopathic vasospasm”.

Disclosures

None.

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